

Name
in
Full

CERTIFICATE OF DEATH

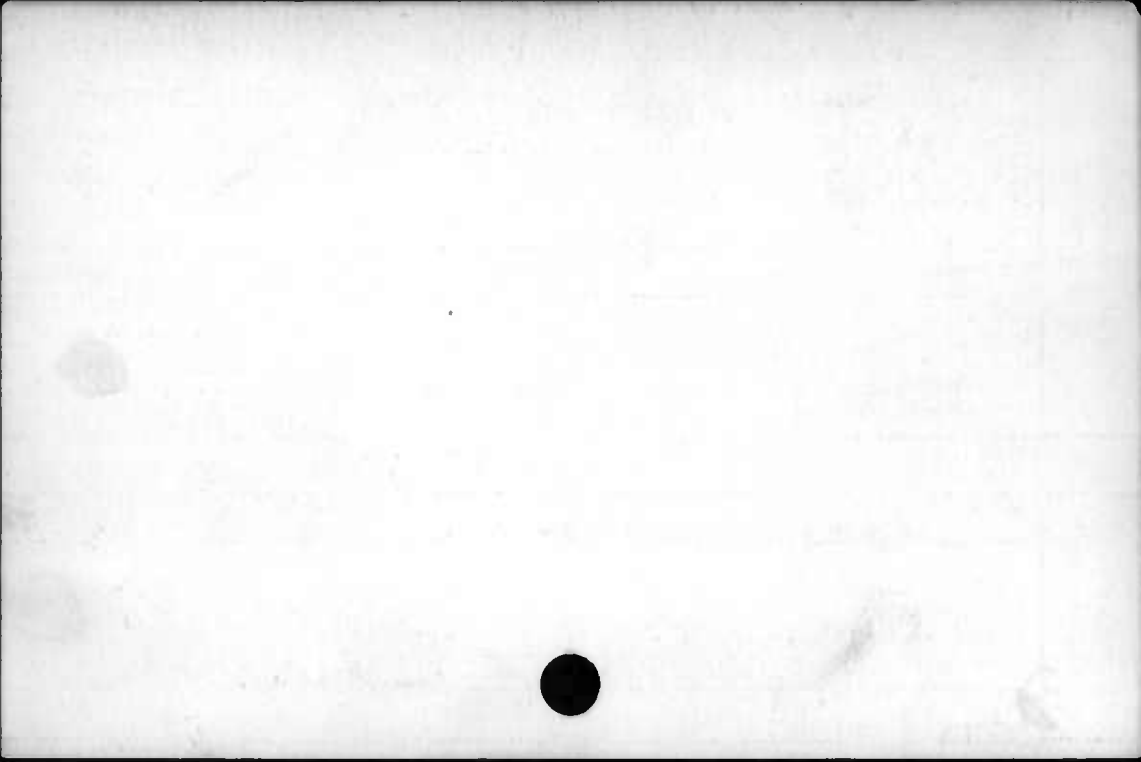
TO BE ANSWERED BY
NEAREST FRIEND


Died at <i>Cumberland Md</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death	1906	Month	Nov	Day	26
Age	49	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Saloon keeper		Where Residing if not at place of death <i>Living with</i>		
Married, Single, or Widowed			Name of Wife or Husband <i>Amelia Bauman</i>		
Father's Name			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name			Mother's Birthplace <i>Germany</i>		
Name of person giving information	<i>P.B. McDonald</i>		How related to deceased		

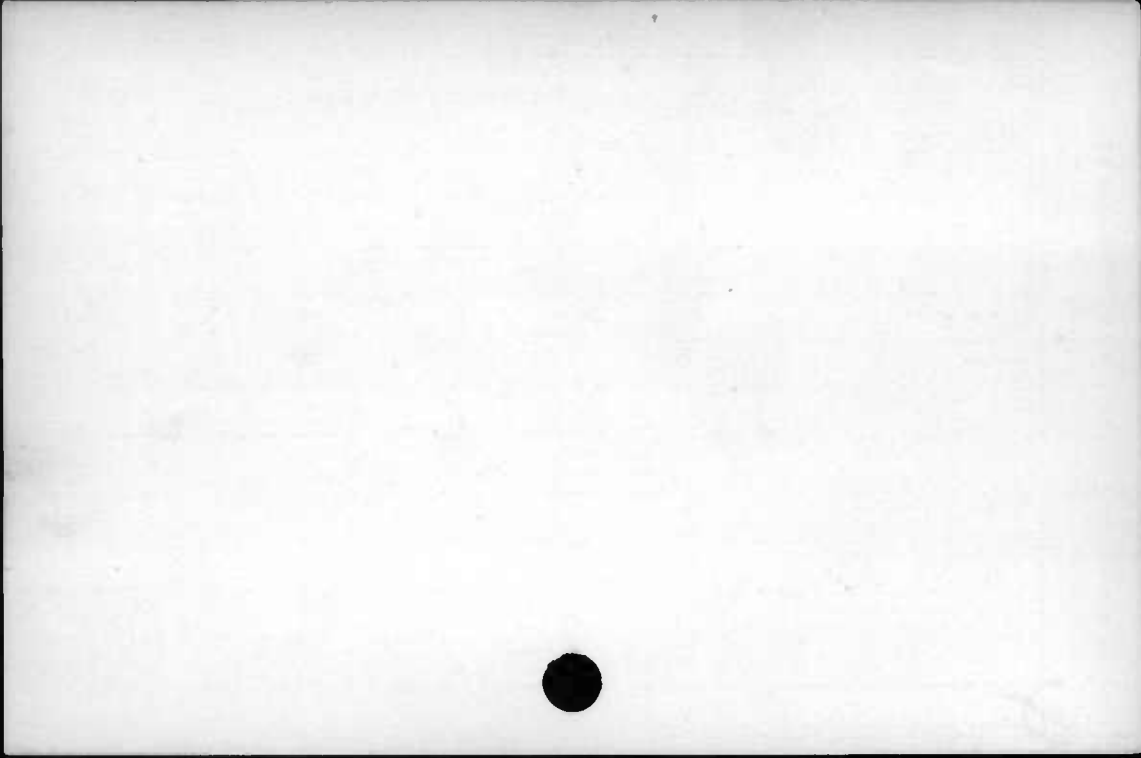
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>P.B. McDonald</i>
		Address	<i>Cumberland</i>
Accident or Suicide?			<i>Yes</i>



Name in Full		afred R. Blasser.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Trotting		County		MARYLAND		
	Date of death	1906	Month	11	Day	7	Years	79
	Sex	male		Color or Race		white		
	Occupation	Baker		Where Residing if not at place of death		—		
	Married, Single or Widowed	widower		Name of Wife or Husband		Mary Blasser		
	Father's Name	X X X X		Father's Birthplace		Prussia		
	Mother's Maiden Name	X X X X		Mother's Birthplace		Prussia		
Name of person giving information	Joseph Ford		How related to deceased		Bro-in-law			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	apoplexy		(H)	How long			8 years
	Immediate	Exhaustion			How long			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		B. M. Crowell		
				Address		Eckhart Md		
<div style="display: flex; justify-content: space-between;"> <div>  </div> <div> Accident or Suicide? <input checked="" type="checkbox"/> </div> </div>								



Name
in
Full

CERTIFICATE OF DEATH

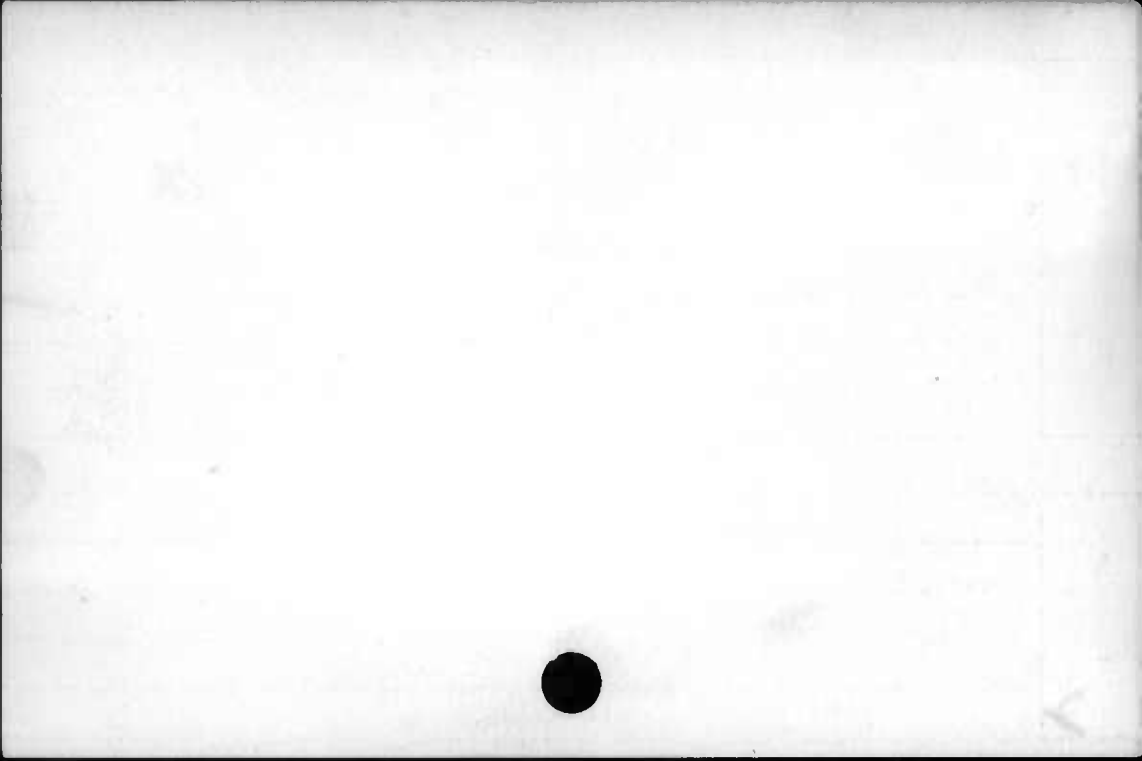
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumuld</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Nov.</i> ^{Month}	<i>27</i> ^{Day}	<i>18</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumuld</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Elliot Boston</i>		Father's Birthplace <i>92</i>			
Mother's Maiden Name <i>Ellen Wilson</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Ellen Boston</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis Emphysema</i>	How long <i>4 yrs</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr A. H. Hawkins</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide? <i>Stem.</i>	



Name
In
Full

Andrew Bell Bullett


CERTIFICATE OF DEATH

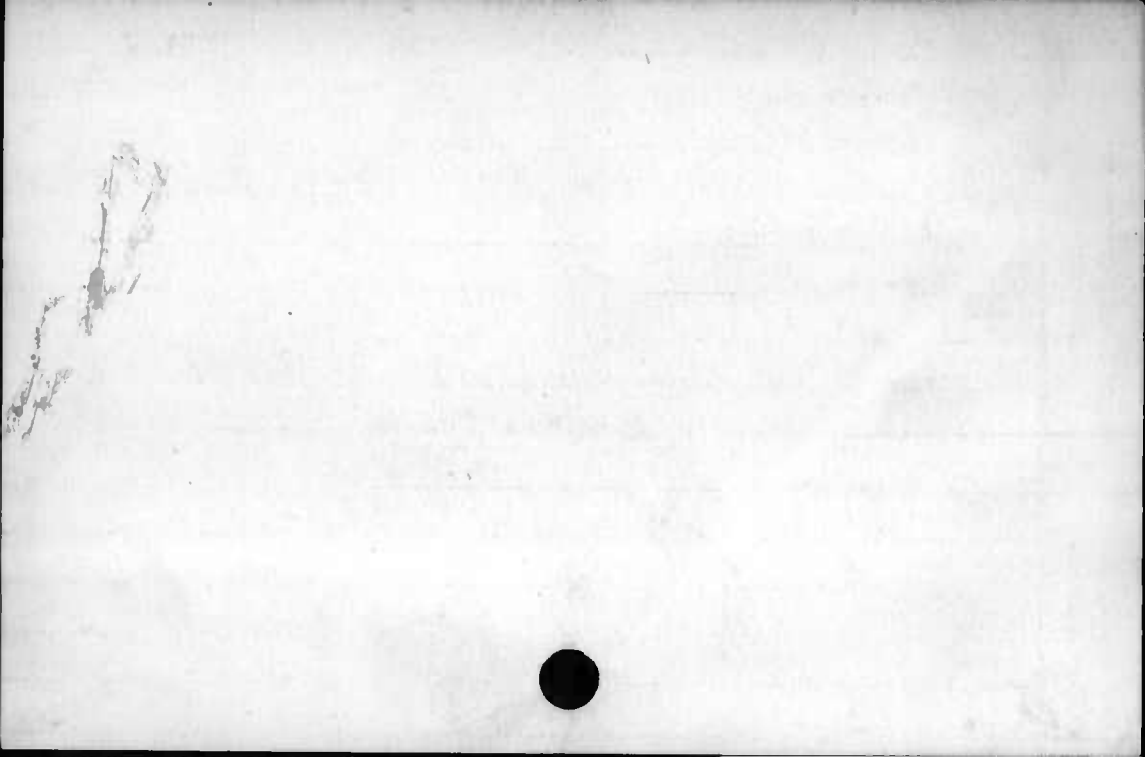
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Cumtunda</i>		^{County} <i>Accagey</i>		MARYLAND	
Date of death	<i>1906</i>	^{Month} <i>Nov</i>	^{Day} <i>26</i>	^{Years} <i>18</i>	^{Months} <i></i> ^{Days} <i></i>
Sex	<i>Male</i>	Color or Race	<i>Colord</i>	Birth-place	<i>West Va</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>-</i>			
Father's Name	<i>Thomas Bullett</i>			Father's Birthplace	<i>W. Va</i>
Mother's Maiden Name	<i>Louisa Ross</i>			Mother's Birthplace	<i>W. Va</i>
Name of person giving information	<i>Thomas Bullett</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i> 	How long	<i>2 Weeks</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. Sparks M.D.</i>
<i>yes</i>		Address	<i>Cumtunda W. Va</i> <i>sparks</i>
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

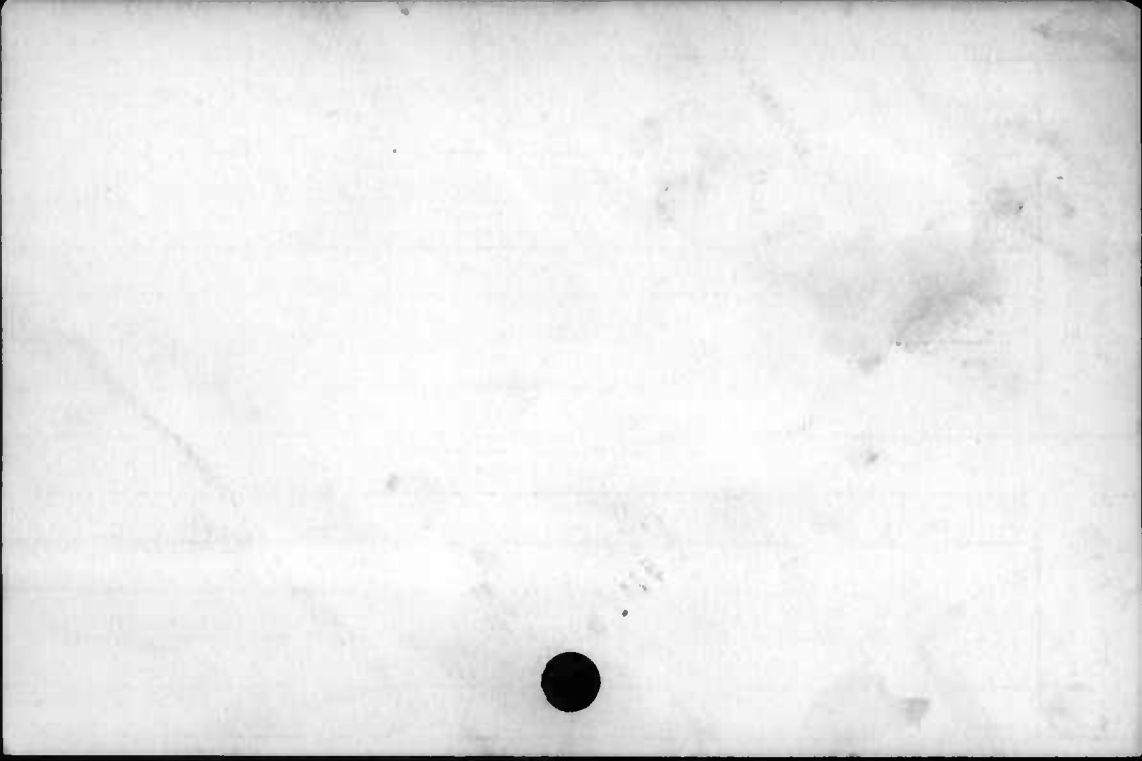
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lonaconing</i> Town <i>Allegany</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>3</i>	Age <i>4-6</i> Years Months <i>8</i> Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Lonaconing</i>	
Occupation <i>Miner</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Cain Carey</i>		
Father's Name <i>James Carey</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Hardaway</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Miss Joe Carey</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hit by Golley freight Car</i>	How long
Immediate <i>Broken neck</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry E. Hodgson</i>
	Address <i>Lonaconing Md.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Francesco Ciambella

CERTIFICATE OF DEATH

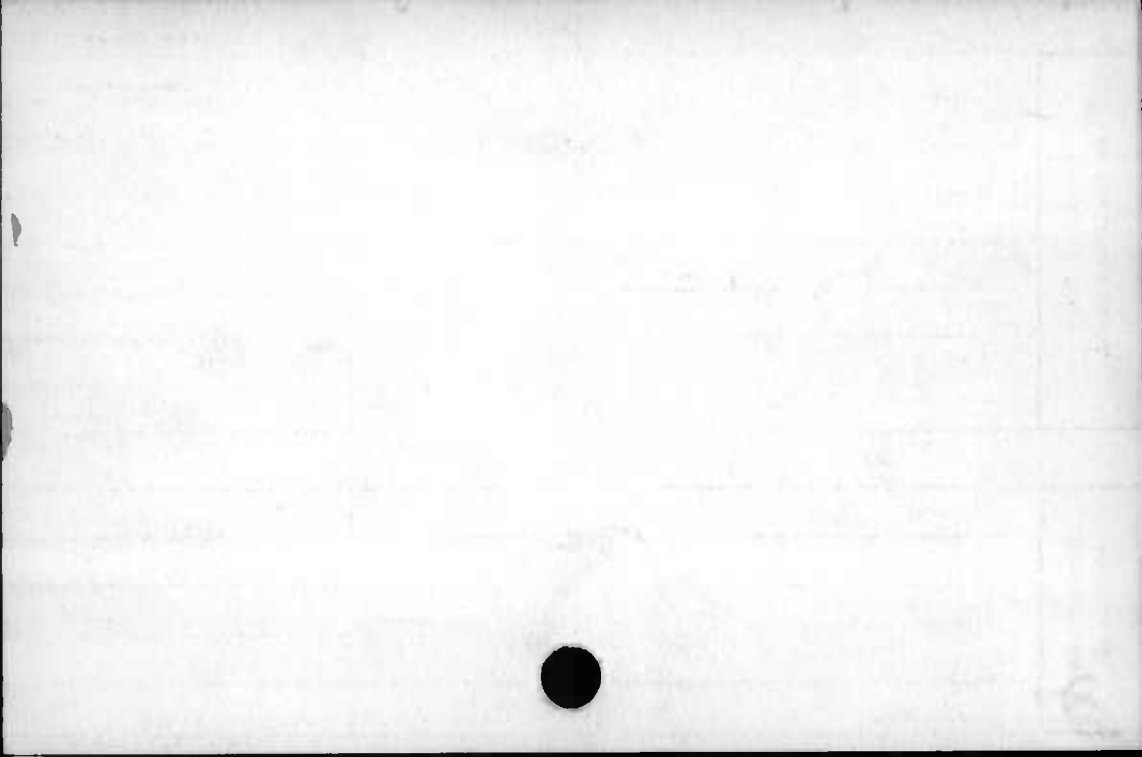
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>S. Cumberland</i>		County <i>Accrington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>10</i>	Years <i>21</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>Italian</i>		Birth-place <i>Italy</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Dino</i>		Father's Birthplace			
Mother's Maiden Name <i>Martha Lavani</i>		Mother's Birthplace <i>Italy</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gun Shot</i>	How long	<i>20 minutes</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. H. May Jr</i>	
LOUIS STEIN		Address	
Accident or Suicide? <i>Murder</i>			



Name
in
Full

William Clark

CERTIFICATE OF DEATH

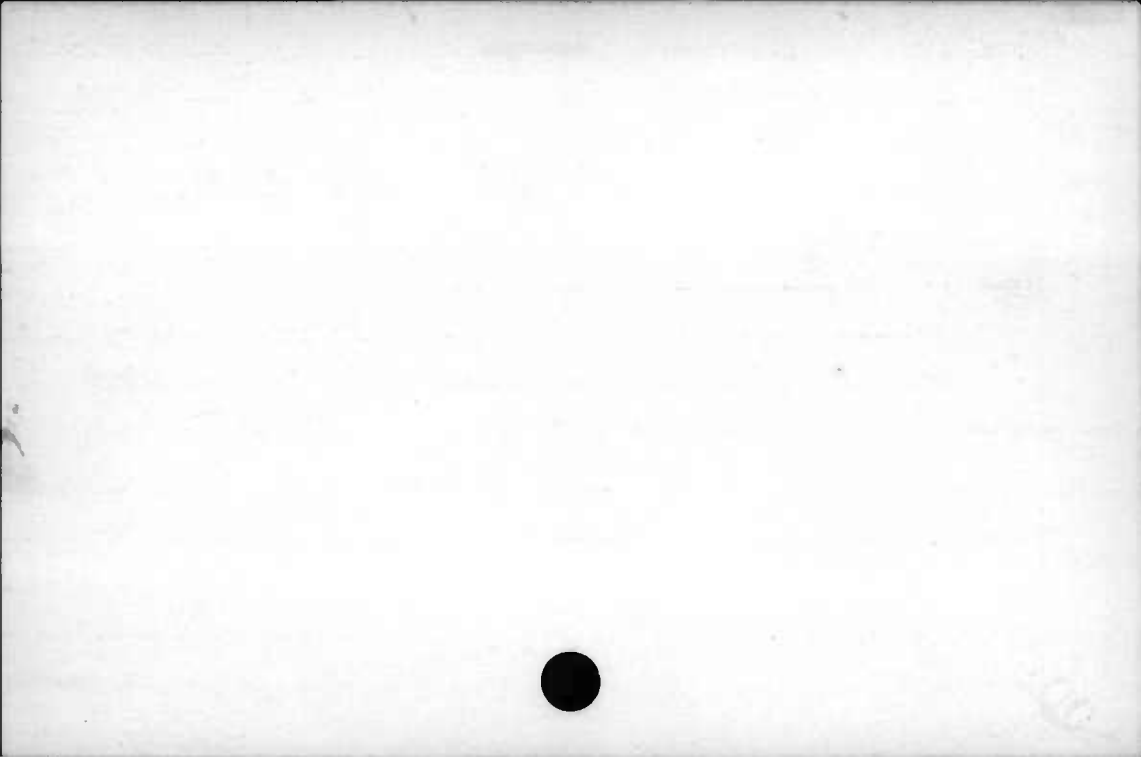
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>12</i>	Age <i>3</i> <small>Years</small>	Months <i>5</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Westonport</i>		
Occupation <i>-</i>			Where Residing If not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Wm. J. Clark</i>			Father's Birthplace <i>Westonport</i>		
Mother's Maiden Name <i>Elsie Duckworth</i>			Mother's Birthplace <i>Westonport</i>		
Name of person giving information <i>Ms Clark</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>2 weeks</i>
Immediate <i>Post-diphtheritic paralysis</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Keelock, M.D.</i>
	Address <i>Seneca Corridor</i>
Accident or Suicide? <i>No</i>	<i>Massburg</i>



Name
in
Full

CERTIFICATE OF DEATH

Frederick Conrad Long

Town

County

MARYLAND

Died at *Cumtola*

Accrigan

Date of death *1906*

Month *Nov*

Day *13*

Age

Years *5*

Months *8*

Days

Sex *male*

Color or Race

White

Birth-place

Wilkesburg Pa

Occupation

Where Residing if not at place of death

-

Married, Single or Widowed

-

Name of Wife or Husband

-

Father's Name

Frederick Conrad (Dead)

Father's Birthplace

Pa -

Mother's Maiden Name

Martina Thompson

Mother's Birthplace

Cumtola Md

Name of person giving information

James W. P. Long

How related to deceased

Son of Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

(1)

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. W. W. Wiley

Address

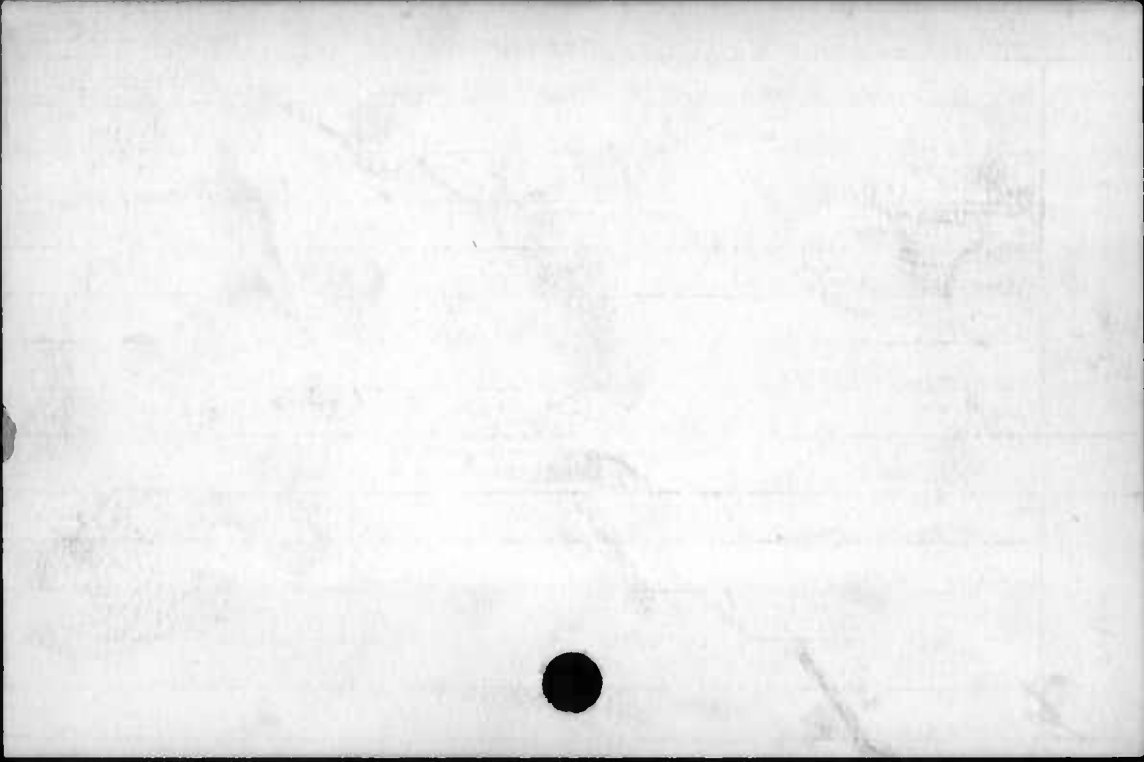
W. Cumberland Md.

LOUIS STEIN.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumherland</i>		County <i>accyay</i>		MARYLAND			
Date of death	1906	Month <i>Nov</i>	Day <i>21</i>	Age <i>70</i>	Months	Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Pa</i>
Occupation	<i>Shoemaker</i>			Where Residing if not at place of death			<i>—</i>
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband				<i>—</i>
Father's Name	<i>Dever</i>					Father's Birthplace	
Mother's Maiden Name	<i>Deach</i>					Mother's Birthplace	
Name of person giving information	<i>William A Cornwell</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Hemorrhage</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?			

Signature of Physician

Address

LOUIS STEIN.

Accident or Suicide?

2 4 3
—

Name
in
Full

Nellie Marie Cunningham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lord Town Allegany County MARYLAND

Date of death 1906 Nov. 17 Day 1 Age 1 Years 1 Months 7 Days

Sex Female Color or Race White Birth-place Lord

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Wm. H. Cunningham Father's Birthplace Newby W. Va.

Mother's Maiden Name Rosa McKenzie Mother's Birthplace Loar town Md.

Name of person giving information Mrs Cunningham How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diphtheria (few days) followed How long 6 weeks

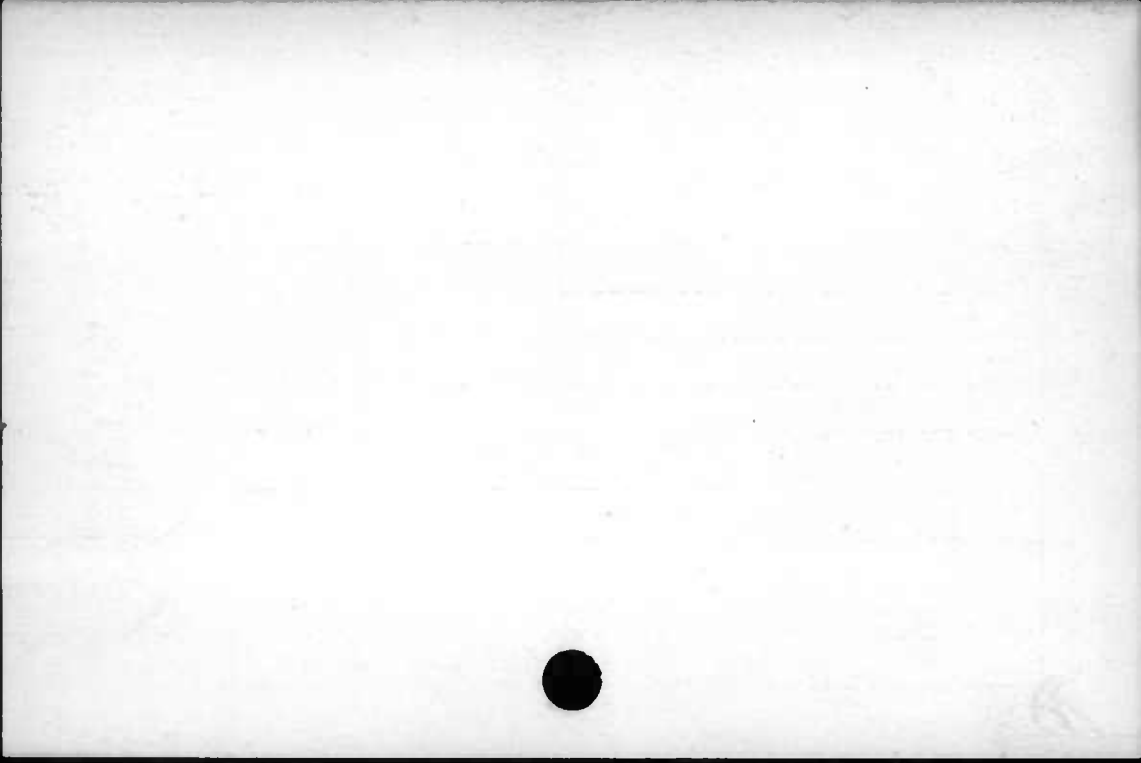
Immediate by Convulsions & meningitis How long on month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician James O. Bullock M.D.

Address Lord - coming Maryland

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

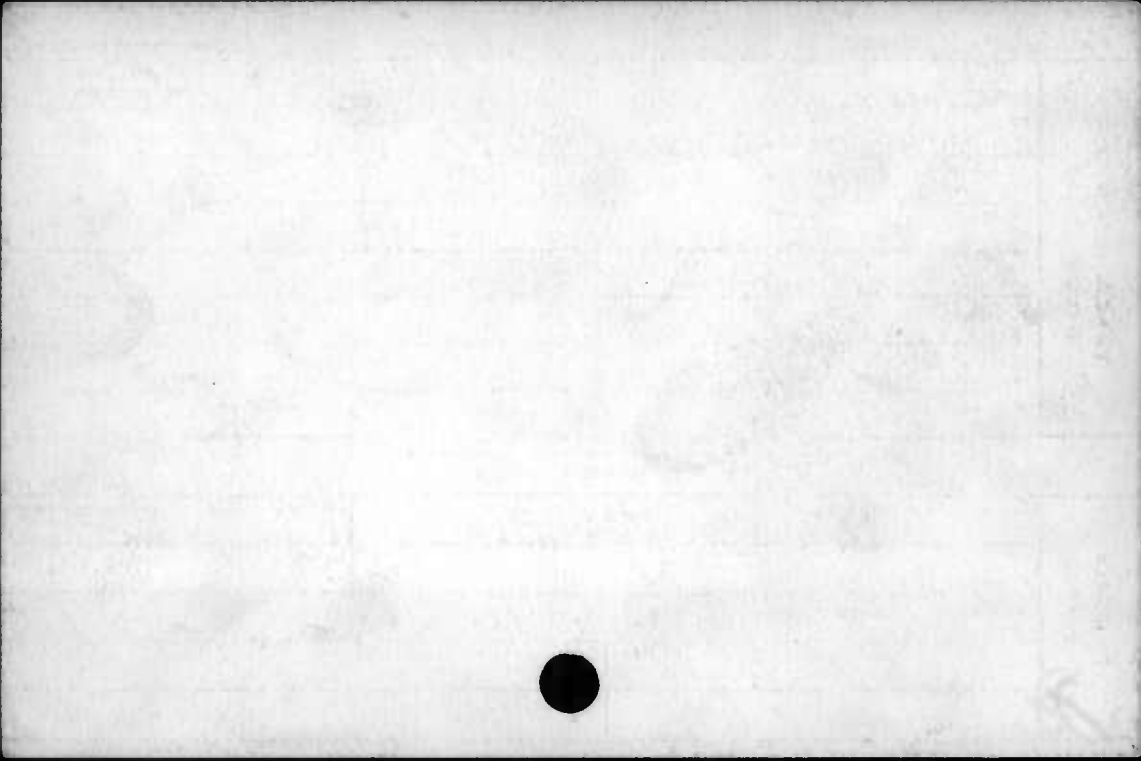
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westernport</u> ^{Town} <u>Allegheny</u> ^{County}		MARYLAND	
Date of death	<u>1906</u> ^{Month} <u>Nov</u> ^{Day} <u>20</u> ^{Year} <u>Sunday</u>	Age	<u>67</u> ^{Years} <u>3</u> ^{Months} <u>0</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>White</u>
Occupation	<u>House keeper</u>	Birthplace	<u>Danvers</u>
Married, Single or Widowed	<u>Widow</u>	Where Residing if not at place of death	<u>Westernport</u>
Father's Name	<u>Lottio Dawson</u>	Father's Birthplace	<u>Rollins</u>
Mother's Maiden Name	<u>Rebecca Ravenscraft</u>	Mother's Birthplace	<u>Rollins</u>
Name of person giving information	<u>J. C. Dawson</u>	How related to deceased	<u>3</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cardiac Hypertrophy</u>	How long	<u>4 years</u>
Immediate	<u>Heart failure</u>	How long	<u>✓</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. L. Wilson</u>
		Address	<u>Frederick, Md.</u>
Accident or Suicide?	<u>✓</u>		



Name
in
Full

Christopher Dill

CERTIFICATE OF DEATH

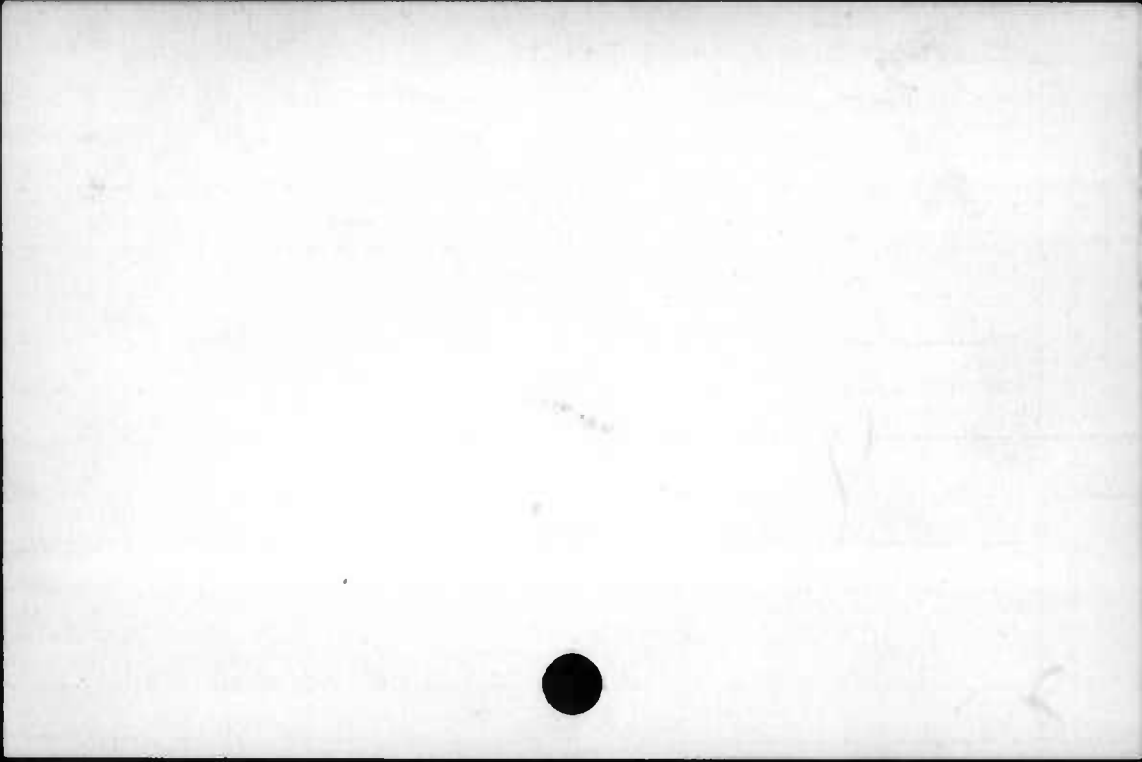
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	190	Month	<i>Nov</i>	Day	<i>18</i>
Age		<i>75</i>	Years	<i>11</i>	Months
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Gardner</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>-</i>		Father's Birthplace			
Mother's Maiden Name <i>-</i>		Mother's Birthplace			
Name of person giving information <i>Robert Dill</i>		How related to deceased <i>Son</i>		<i>49</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hepatic Carcinoma</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr Thos McDonald</i>
LOUIS STEIN,		Address <i>Cumberland Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant "Dyke"</i>		Town <i>Bunka</i>		County <i>accoga</i>		MARYLAND	
Died at		Month <i>Nov</i>		Day <i>6</i>		Age Years <i>-</i> Months <i>-</i> Days <i>-</i>	
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumt'd</i>	
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>-</i>			
Father's Name <i>J. A. Dyke</i>				Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>L. N. Lewis</i>				Mother's Birthplace <i>W. Va</i>			
Name of person giving information <i>J. A. Dyke</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diseased Mother</i>	How long
Immediate	<i>Stillborn</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Dr. F. L. Barkdoll</i>
		Address <i>So. Cumt'd</i>
Accident or Suicide?		

LOUIS STEIN.

142 Second one.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

German L Oar
G oar

Name
in
Full

Dora Falgon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt'd.</i>		Town		County <i>Accugay</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>11</i>	Age <i>23</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Williams Pa</i>					
Occupation <i>Wife</i>	Where Residing if not at place of death <i>-</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank Falgon</i>						
Father's Name <i>Jacob Day</i>	Father's Birthplace <i>Pa</i>						
Mother's Maiden Name <i>Sarah A. Cagle</i>	Mother's Birthplace <i>Pa.</i>						
Name of person giving information <i>Ellen Dawson</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burned. clothing caught fire</i>	How long <i>2 Weeks</i>
Immediate <i>Septic Pneumonia</i>	How long <i>4 M.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>George L. Cardas M.D.</i>
	Address <i>Cumt'd. Ma.</i>
Accident or Suicide? <i>Stein</i>	

11.

Name

In

Full

CERTIFICATE OF DEATH

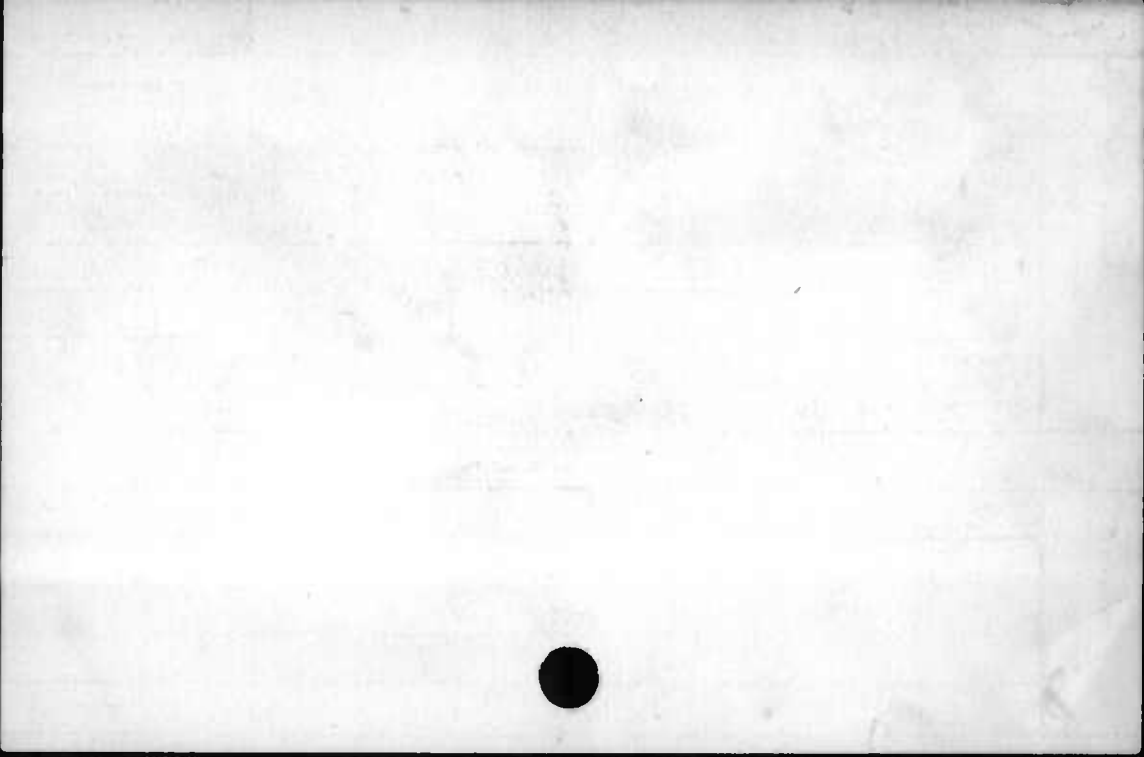
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Nov.	18	7	3	5	—
Sex	Male	Color or Race	White		Birth-place	Germany	
Occupation	Machinist			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband		Margarette Freiss		
Father's Name	—				Father's Birthplace		
Mother's Maiden Name	—				Mother's Birthplace		
Name of person giving information	Margarette Freiss				How related to deceased		
				Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asthma	How long	6 yrs.
Immediate	Dropsy	How long	2 mo.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. J. J. Wilson
		Address	Cumberland
			Ma.
Accident or Suicide?	LOUIS STEIN		



Name
in
Full

CERTIFICATE OF DEATH

William Goldsboro;
Town Old Town County Allegany

MARYLAND

Died at Date of death 1908 Month 11 Day 17 Age 56 Years Months Days

Sex Male Color or Race White Birth-place Md;

Occupation Canal Boss Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Unknown

Father's Name E. Goldsboro Father's Birthplace Md;

Mother's Maiden Name J. R. Twigg Mother's Birthplace Md;

Name of person giving information J. R. Twigg How related to deceased None

CAUSES OF DEATH

50

Primary Diabetes How long 49 yrs

Immediate Syncope How long 40 hrs

Are the name, age, sex, color, date and place correctly given above? yes

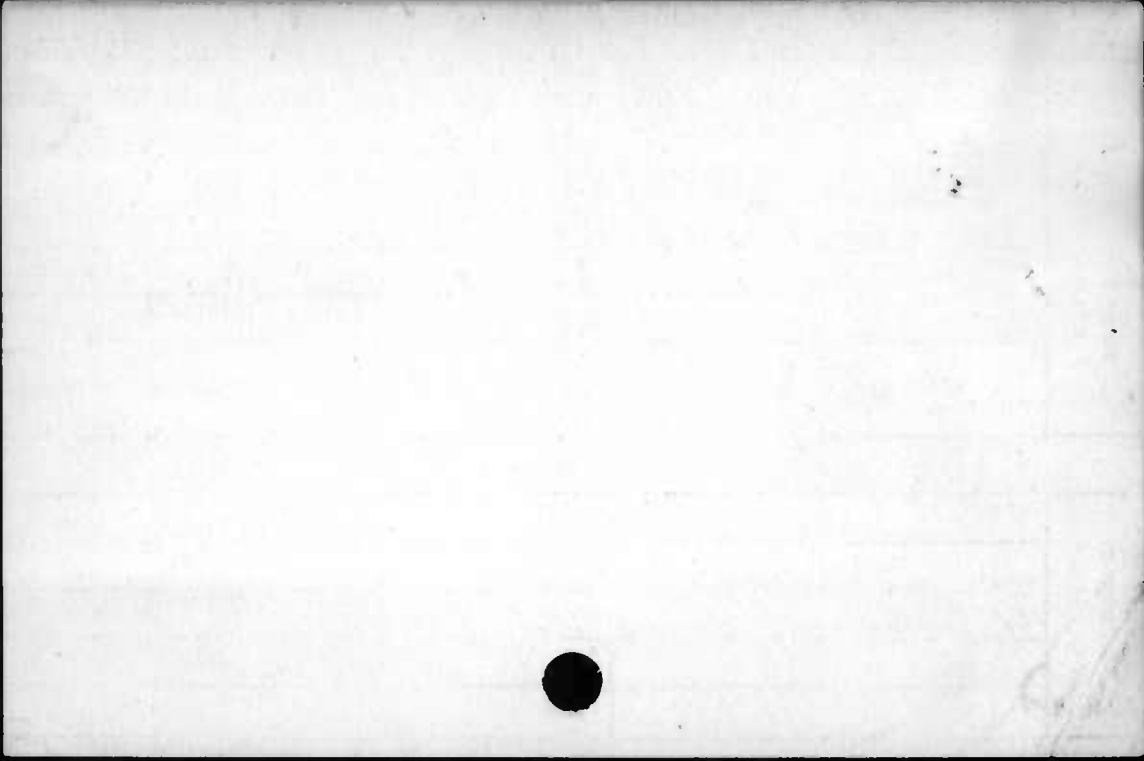
Signature of Physician J. R. Twigg

Address Cumberland

Accident or Suicide? no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

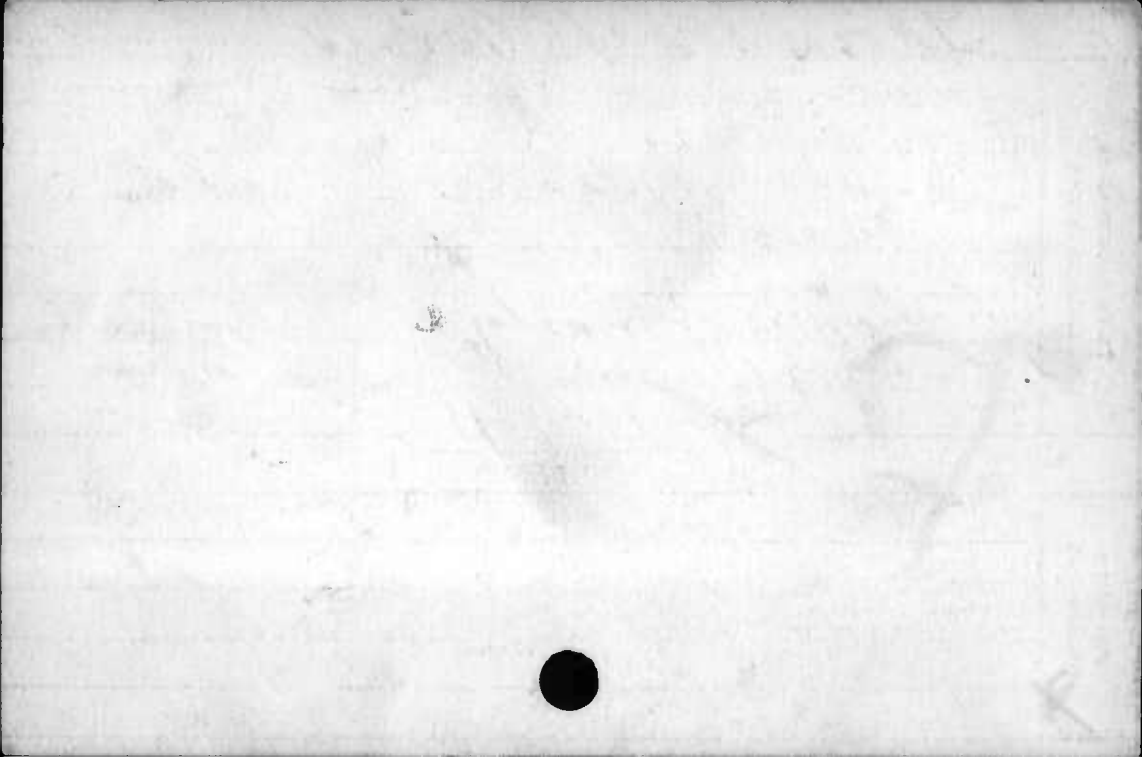
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Luke</i>		Town <i>alligany</i>		County		MARYLAND	
Date of death	1906	Month	November	Day	20	Years	12
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Luke</i>		Months	5
Occupation <i>Student</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Thomas Gormely</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Mary Mullen</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Thos Gormely</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Muntranous Erupt</i>	How long <i>8 days</i>
Immediate <i>asphyxiation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Long</i>
	Address <i>Piedmont - W. Va.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *James K. Hadley*
Died at *Chamberland* Town *Allegany* County
Date of death *1906* Month *11* Day *4* Age *76* Years Months *—* Days *—*
Sex *Male* Color or Race *White* Birthplace *—*
Occupation *Shoemaker* Where Residing if not at place of death *828 Gardno*

Married *Single* or Widowed *Widowed* Name of Wife or Husband *Bateman*
Father's Name *James Hadley* Father's Birthplace *Balt Co.*
Mother's Maiden Name *Annie Langley* Mother's Birthplace *Baltimore Co.*
Name of person giving information *Laura Morris* How related to deceased *—*

CAUSES OF DEATH

Primary *Bright Disease* How long *2 yrs.*
Chronic How long *2 yrs.*
Immediate *Chronic*

Are the name, age, sex, color, date and place correctly given above?

Yes!

Signature of Physician

Thos. H. Kead

Address

*Chamberland
Md*

Accident or Suicide?

PHYSICIAN
OR CORONER

Dr. Kuhn

Name In Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at - <i>John Hager Sr</i>		County <i>Alleghany</i>		MARYLAND
	Town <i>Board Mines</i>				
	Date of death <i>1906</i>	Month <i>11</i>	Day <i>24</i>	Age Years <i>75</i>	Months <i>6</i> Days <i>10</i>
	Sex <i>M.</i>	Color or Race <i>W.</i>		Birth-place - <i>Bavaria</i>	
	Occupation <i>Miner</i>		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband <i>Mary Hager</i>		
	Father's Name <i>Dont know,</i>		Father's Birthplace <i>(64)</i>		Mother's Birthplace
Mother's Maiden Name		Mother's Birthplace		How related to deceased <i>Son.</i>	
Name of person giving information <i>John Hager Jr.</i>					
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Apoplexy,</i>		How long <i>(11)</i>		
	Immediate		How long <i>2 Days</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr W. O. Mc Lane</i>		
			Address <i>Frostburg Md</i>		
	Accident or Suicide?				

Is m

Percy brown yard

For all things

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

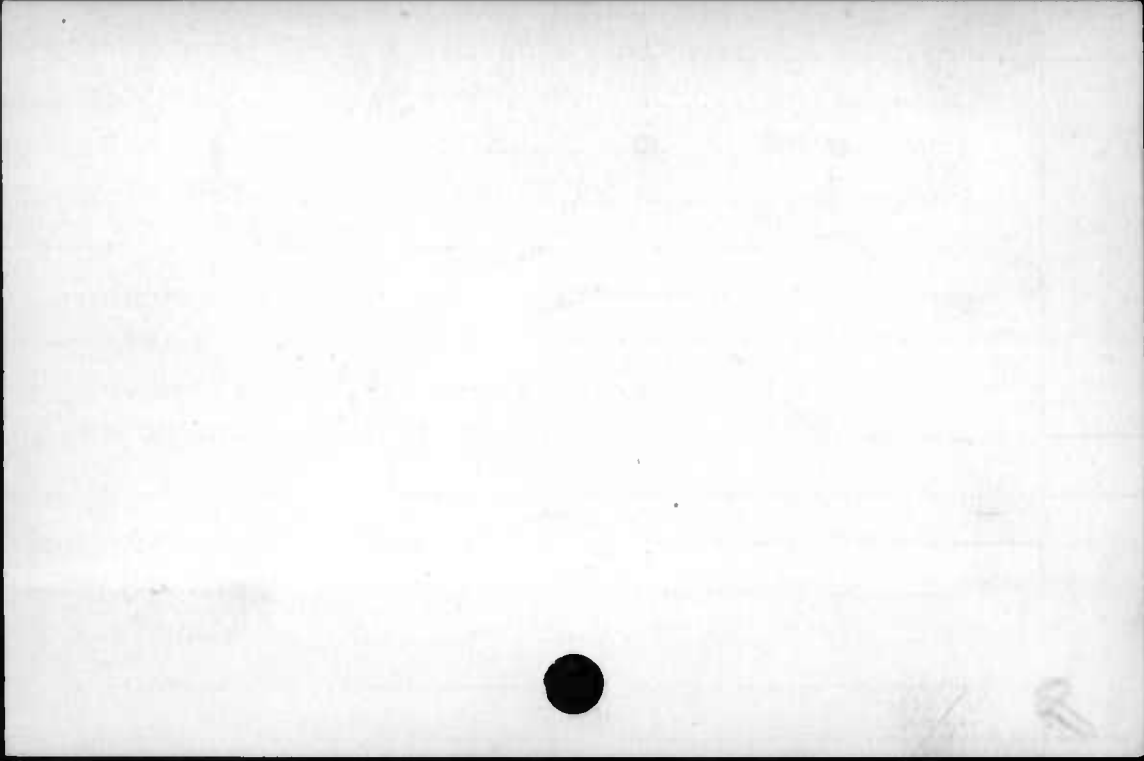
Name in Full <i>Paul Franklin Hager</i>		Town <i>Cumt</i>		County <i>Alle</i>		MARYLAND	
Died at <i>Cumt</i>		Month <i>Nov</i>		Day <i>20</i>		Age Years <i>3</i> Months <i></i> Days <i></i>	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>20</i>		Age Years <i>3</i> Months <i></i> Days <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ma</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Walter Hager</i>		Father's Birthplace <i>Ma</i>					
Mother's Maiden Name <i>Gizzie Gill</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>Walter Hager</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>2 mo.</i>
Immediate <i>Pneumonia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. A. Leo Franklin</i>
	Address <i>Cumt, Md.</i>
Accident or Suicide? <i></i>	<i>Franklin Md.</i>

LOUIS STEIN.



Name
In
Full

CERTIFICATE OF DEATH

Ellen Haggerty

Town

County

MARYLAND

Died at *Cambridge*

Accugay

Date
of death *1906*

Month
Nov

Day
12

Age
90

Months
—

Days
—

Sex
Female

Color or
Race

White

Birth-
place

Ireland

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widow

Name of Wife or
Husband

—

Father's
Name

—

Father's
Birthplace

Mother's
Maiden Name

—

Mother's
Birthplace

Name of person giving
In formation

Daniel James Haggerty

How related
to deceased

Step Son

154

CAUSES OF DEATH

Primary

General debility & Old age

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Dr J. J. Wilson.

Address

LOUIS STEIN.



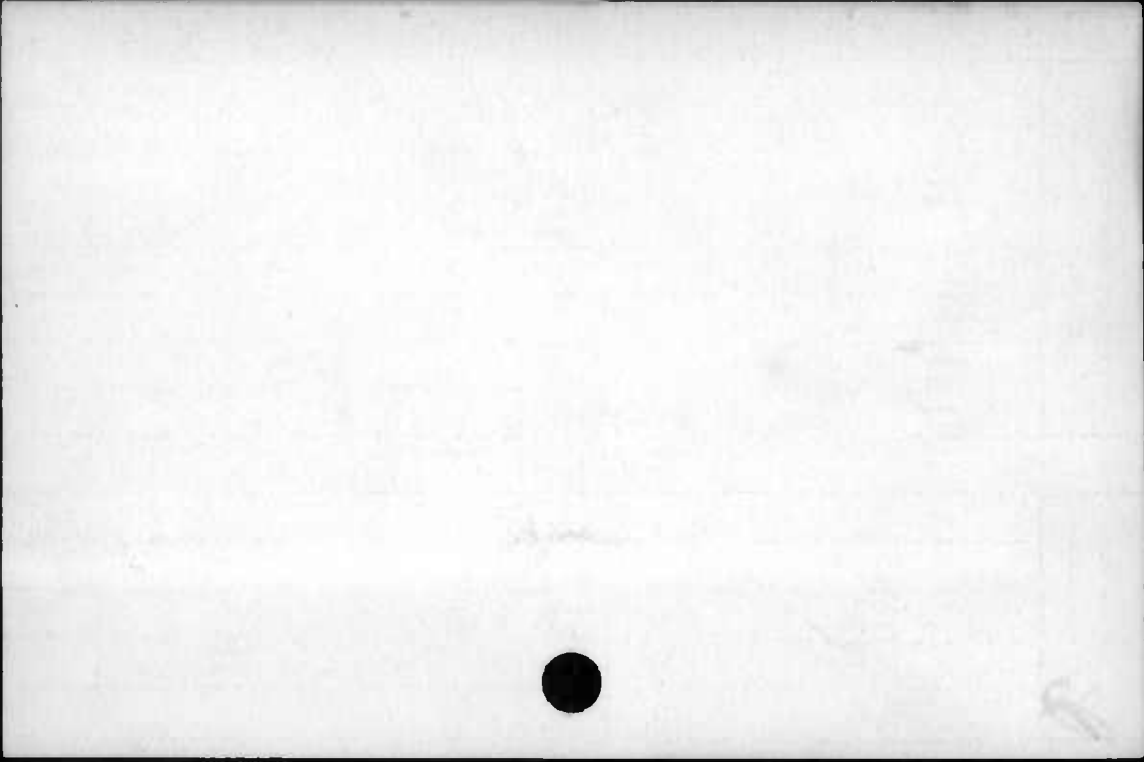
Chamberland

ma

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Agatha Hansler

CERTIFICATE OF DEATH

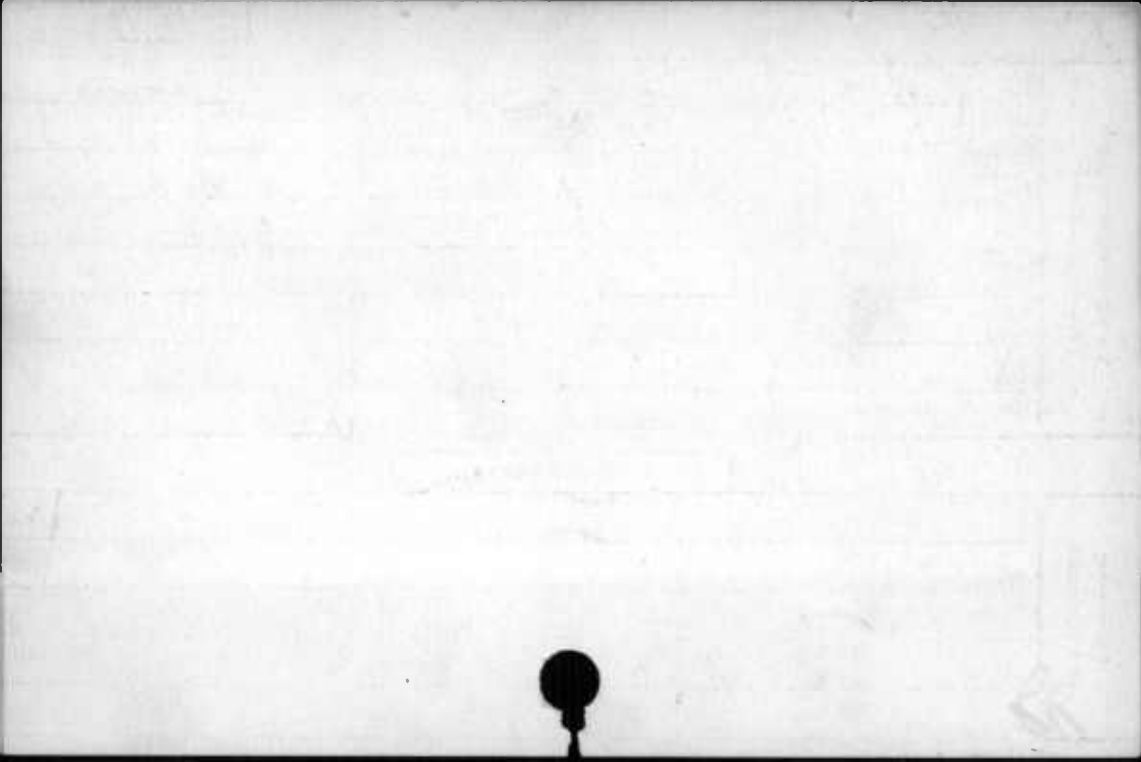
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumda</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>12</i>	Years <i>81</i>	Months <i>9</i> Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>-</i>			Father's Birthplace		
Mother's Maiden Name <i>-</i>			Mother's Birthplace		
Name of person giving information <i>John Hansler</i>			How related to deceased <i>Brother-in-Law</i>		

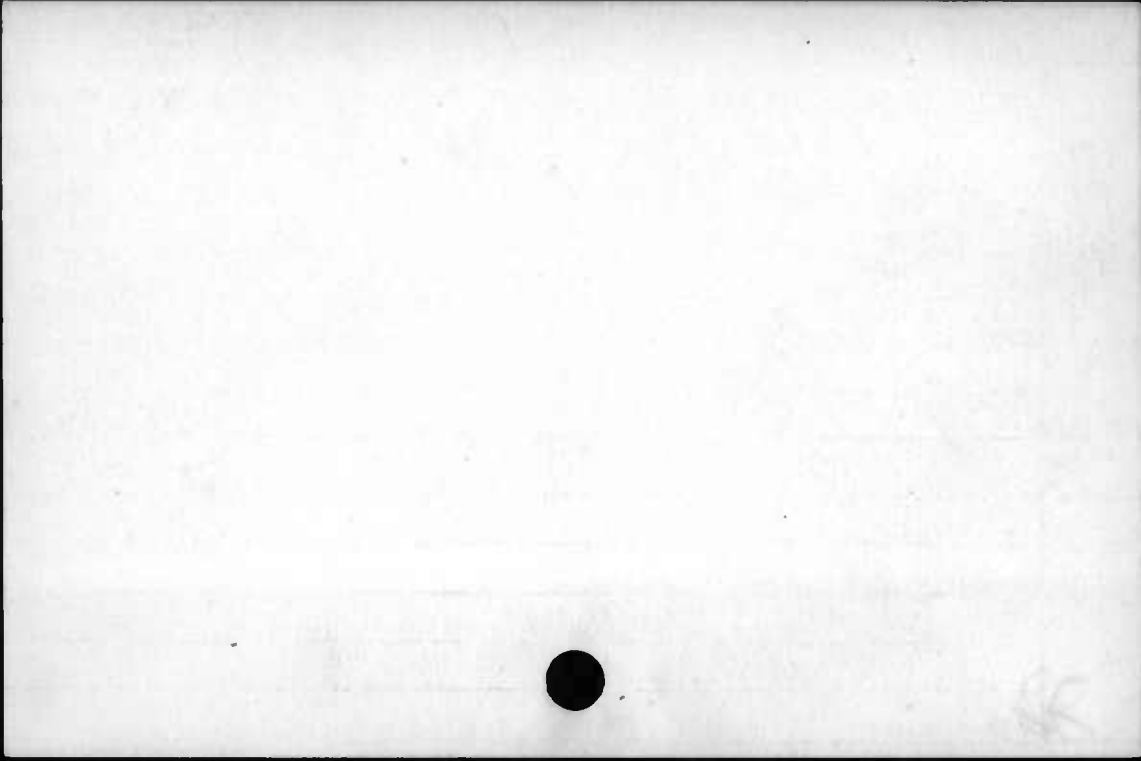
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>8 yrs.</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Lockman</i>
<i>LOUIS STEIN.</i>	Address <i>Foghtman</i>
Accident or Suicide?	



Name In Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>S. Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
	Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>21</i>	Age <i>15</i>	Years <i>1</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
	Father's Name <i>Chas Hardy</i>		Father's Birthplace <i>W Va</i>			
	Mother's Maiden Name <i>Emma J Brinkman</i>		Mother's Birthplace <i>W Va</i>			
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>		<i>(15)</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Premature Birth 7th mo</i>		How long <i>1 day</i>			
	Immediate <i>Exhaustion</i>		How long <i>5 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. L. Brackup</i>			
	Address <i>Cumberland</i>		<i>no</i>			
	Accident or Suicide? <i>No.</i>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Escholt Mines</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death	1906	Month	Nov	Day	6
Age		36		Years	
Sex		Male		Color or Race	White
Occupation		Miner		Birth-place	Escholt Mines
Married, Single or Widowed		Married		Name of Wife or Husband	Jennie Holsinger
Father's Name		David Holsinger		Father's Birthplace	Virginia
Mother's Maiden Name		Anna E Weinbrenner		Mother's Birthplace	Escholt Mines
Name of person giving information		Estel Pape		How related to deceased	Sister
Where Residing if not at place of death		Escholt Mines			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>about 3 weeks</i>
Immediate	<i>Pernicious anaemia</i>	How long	<i>about 3 mths</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Jos C Holdsworth</i>
		Address	<i>Escholt Mines</i>
			<i>Alleghany</i>
Accident or Suicide?			

to Mr.

Postmaster

Essex

Name in Full		David Houser				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Frostburg		Alley				
	Date of death	1906	Month	Nov	Day	3	Age
							Years
							Months
							Days
		Sex	Male		Color or Race	White	
		Occupation			Birth-place	Frostburg	
		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Wm Houser		Father's Birthplace	
		Mother's Maiden Name		Jane Nelson		Mother's Birthplace	
		Name of person giving information		W. Houser		How related to deceased	
						Half brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Bronchopneumonia		How long		2 days
	Immediate		Convulsions		How long		12 hrs
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		Frostburg Md
		Accident or Suicide?					

To Mr

Albany County -

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>So Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Nov</i>	Day	<i>13</i>
Age	<i>0</i>	Years	<i>0</i>	Months	<i>3</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Ind</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Peter Hull</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Clara McCormick</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Peter Hull</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	<i>Marasmus</i>	How long	<i>1 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. L. Broadbent</i>
LOUIS STEIN		Address	<i>Cumberland</i>
Accident or Suicide?	<i>N</i>		<i>Ind</i>

65 Offus St.

Name
in
Full

Hungarian Check no 8.

CERTIFICATE OF DEATH

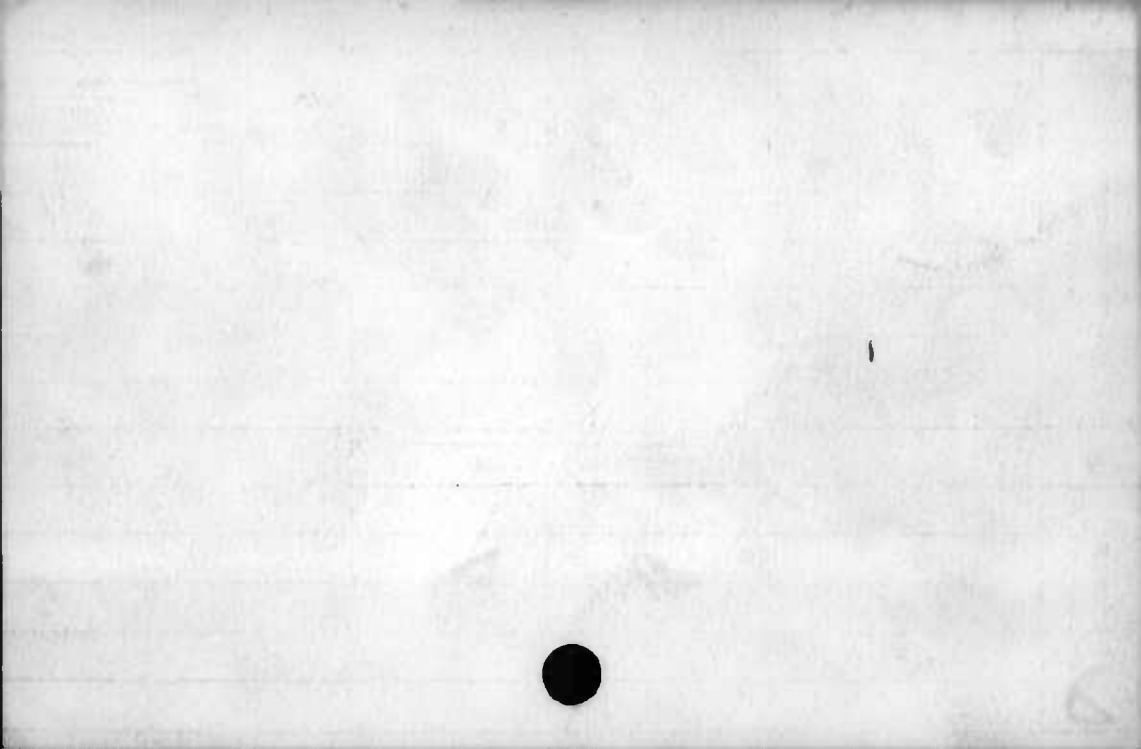
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Hill Inn, Cumb. Hill, Allegheny</i>		County		MARYLAND	
Date of death	1906	Month	2nd	Day	Age 38 1/2
Sex	Male	Color or Race	White Hungarian	Birth-place	Hungary
Occupation	Labrer	Where Residing if not at place of death		Berkeley Springs W. Va.	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	H. Friedman				
				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>5 days -</i>
Immediate	<i>" "</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>White, W.D., Cumb. Hill.</i>	
Accident or Suicide?			



Name
in
Full

Charles Kafer-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ocean</i> Town			County <i>Allegany</i>			MARYLAND		
Date of death 190 <i>6</i>		Month <i>Nov</i>	Day <i>21st</i>	Age <i>80</i>	Years <i>1</i>	Months <i>5</i>	Days <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>			Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Married</i>				Occupation <i>R.R. Foreman Miner</i>				
Name of Wife or Husband <i>Dora -</i>				<i>(Dead)</i>				
Father's Name					Father's Birthplace <i>Germany</i>			
Mother's Maiden Name					Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Henry Kafer</i>					How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grip</i>	How long <i>2 Weeks</i>
Immediate <i>Acute Bronchitis</i>	How long <i>1 Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Al Smith</i>
	Address <i>Midland Md</i>
Accident or Suicide? <i>—</i>	

6m

Name
in
Full

CERTIFICATE OF DEATH

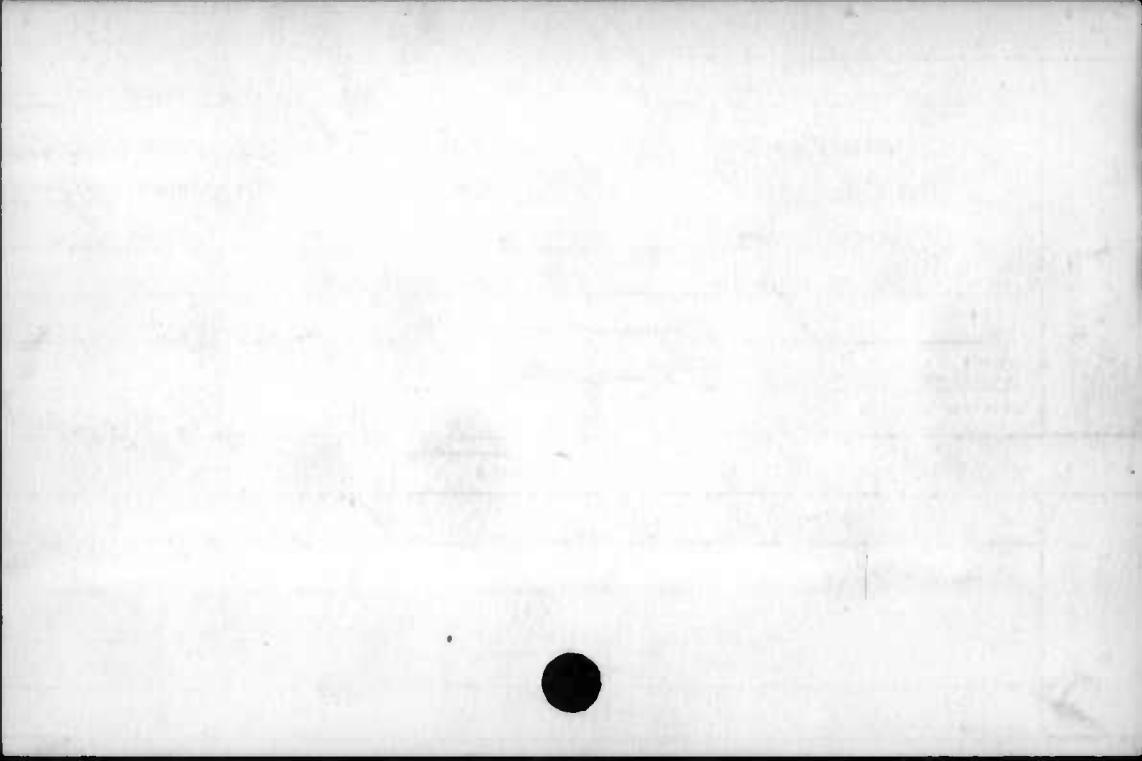
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cummd</i>		Town <i>Cummd</i>		County <i>Allegheny</i>		MARYLAND		
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>29</i>	Age	<i>61</i>	Years <i>6</i>	Months <i>6</i>	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ireland</i>	
Occupation	<i>Machinist</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband <i>-</i>					
Father's Name	<i>---</i>					Father's Birthplace		
Mother's Maiden Name	<i>---</i>					Mother's Birthplace		
Name of person giving information	<i>James Kirk Jr</i>					How related to deceased <i>Son.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carbuncle</i>	How long	<i>4 or 5 weeks</i>
Immediate	<i>Septicemia</i>	How long	<i>about 10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>LOUIS STEIN.</i>	Signature of Physician	<i>Geo L. Bander</i>
Family history known	<i>Family history not known</i>	Address	<i>Waverly Ireland</i>
Accident or Suicide?	<i>No</i>	<i>Only saw patient 3 days before death</i>	



Name
in
Full

Charles K Kraft

CERTIFICATE OF DEATH

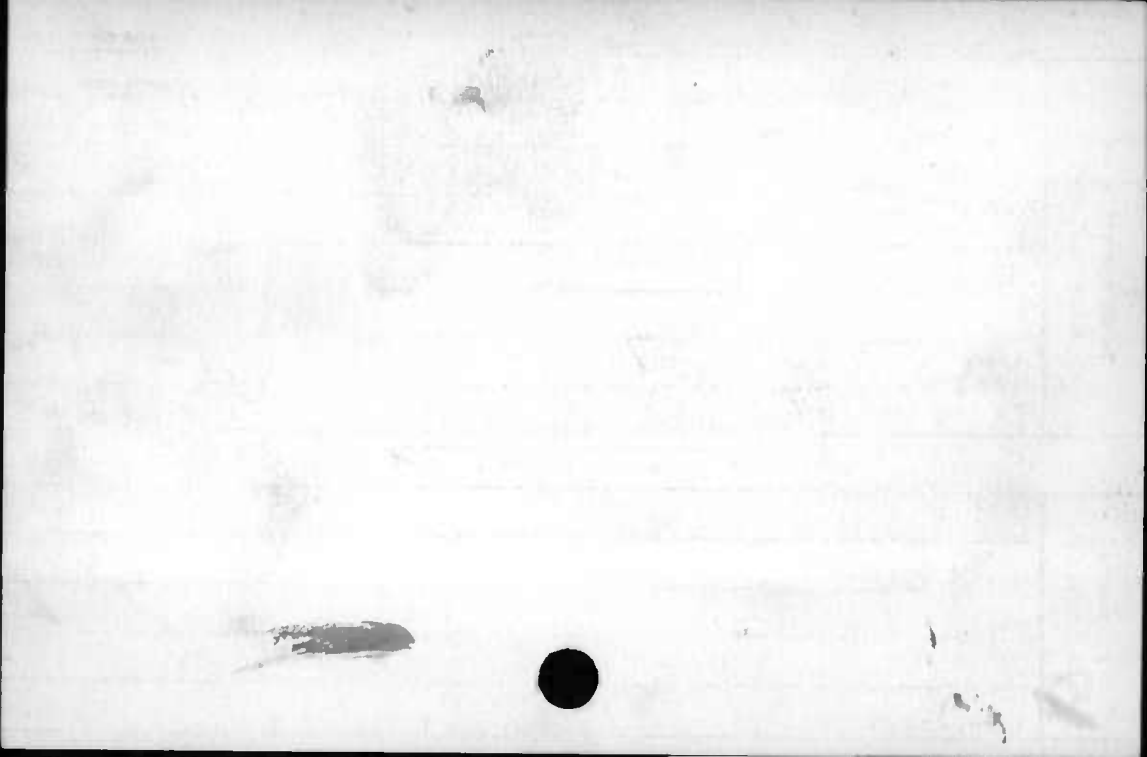
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtola</u>		County <u>Allegheny</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>1</u>	Age <u>42</u>	Years <u>7</u>	Months <u>9</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birthplace <u>Germany</u>			
Occupation <u>Barbar</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Anna S</u>					
Father's Name <u>Deane</u>	Father's Birthplace					
Mother's Maiden Name <u>Dood</u>	Mother's Birthplace					
Name of person giving information <u>Anna S. Kraft</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <u>Cut throat at attempt at suicide</u>	How long <u>Throat was cut 4 days before death</u>
Immediate Cause <u>Broncho pneumonia</u>	How long <u>48 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Edward Harris, M.D.</u>
<u>LOUISIANA</u> <u>MISSISSIPPI</u>	Address <u>Cumberland</u> <u>Maryland</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Conrad Loebler

Town *Cumberland* County *Allegheny* MARYLAND

Died at *Cumberland*

Date of death *1906* Month *Nov* Day *17* Age *48* Years Months *8* Days

Sex *Male* Color or Race *White* Birth-place *Cumberland*

Occupation *Watchman* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Emma*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Margaret E. Shinkovet* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

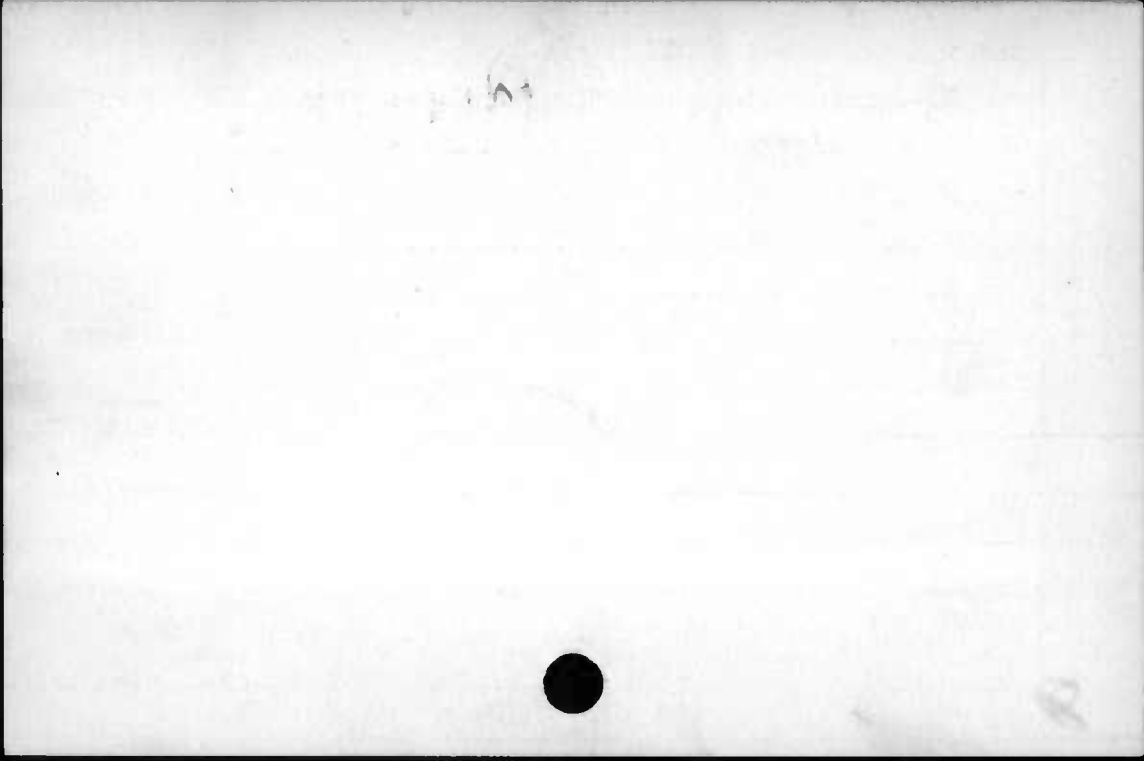
Primary *Struck by cars.* *166* How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. H. M. Marz, Coroner*

Address *Cumberland*

LOUIS STONE Accident or Suicide? *Accident* *Allegheny* *Maryland*



Name
in
Full

CERTIFICATE OF DEATH

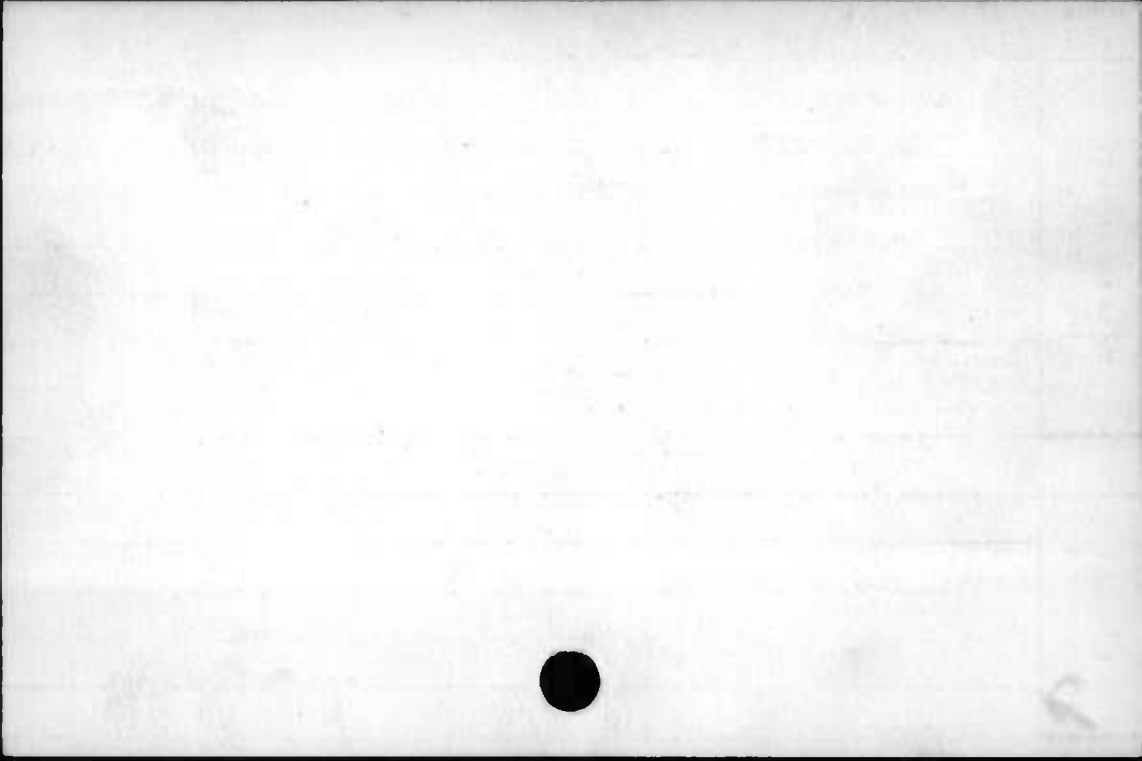
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>10</i>	Age <i>13</i>	Months <i>5</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Allegheny Co</i>		
Occupation <i>Student</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>James H. P. Long</i>	Father's Birthplace <i>W. Va.</i>				
Mother's Maiden Name <i>Laura Robinson</i>	Mother's Birthplace <i>W. Va.</i>				
Name of person giving information <i>James H. P. Long</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>1</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. W. W. Wiley</i>
<i>LOUIS WEIN.</i>	Address <i>Is Cumberland</i>
Accident or Suicide?	<i>me</i>



Name
in
Full

Lizzie Mc Kibbon

CERTIFICATE OF DEATH

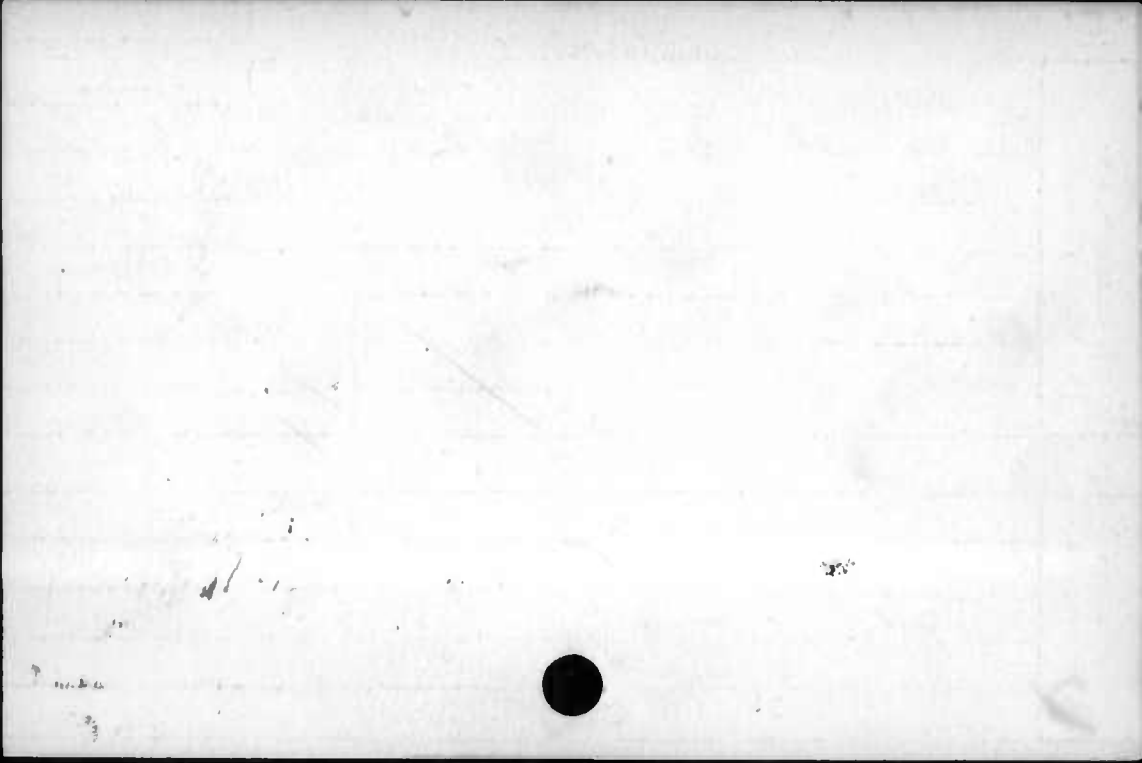
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtola</i>		Town <i>Cumtola</i>		County <i>Allegheny</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>20</i>	Age <i>78</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>				
Occupation <i>none</i>			Where Residing If not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace					
Mother's Maiden Name <i>—</i>		Mother's Birthplace					
Name of person giving information <i>Thomas Hawthorne</i>		How related to deceased <i>Nephew</i>					

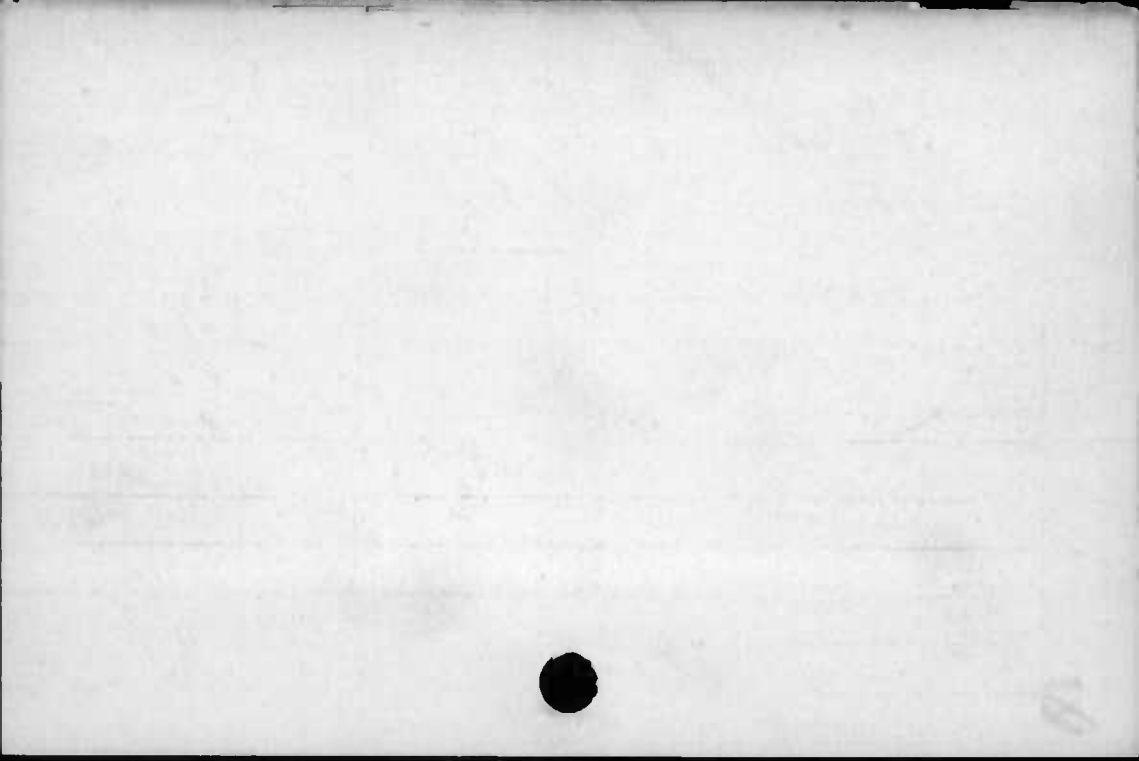
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(64)</i>	How long
Immediate <i>Apoplexy</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. F. Snigg</i>	
<i>LOUIS STEIN,</i>	Address <i>Cumtola</i>	
Accident or Suicide?	<i>S.S.</i>	



Name in Full		Bridget Martin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pekin ^{Town}		Alligany ^{County}		MARYLAND	
	Date of death	1906	Month NOV	Day 13	Age 5-2	Months	Days
	Sex	Female		Color or Race	White	Birth-place	Eckhart Md
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name	Patrick Martin				Father's Birthplace	Ireland
	Mother's Maiden Name	Ellen Burke				Mother's Birthplace	Maryland
	Name of person giving information	John A. Martin				How related to deceased	Brother
	<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>						
PHYSICIAN OR CORONER	Primary	Chronic Endocarditis				How long	One year
	Immediate	Anus area				How long	Some months
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	Accident or Suicide?		No		Address		
				112 Skilling Rd. Lomax, Md.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Melts

Town *Westport* County *Allegheny*

Died at *Westport*

Date of death *1906* Month *11* Day *11* Age *70* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Barton*

Occupation *Miner* Where Residing If not at place of death *Westport*

Married, Single or Widowed *Married* Name of Wife or Husband *Joe Melts*

Father's Name *George Melts* Father's Birthplace *Barton*

Mother's Maiden Name *Anna Pangelbauer* Mother's Birthplace *"*

Name of person giving information *Mrs. Melts* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart* How long *Sudden*

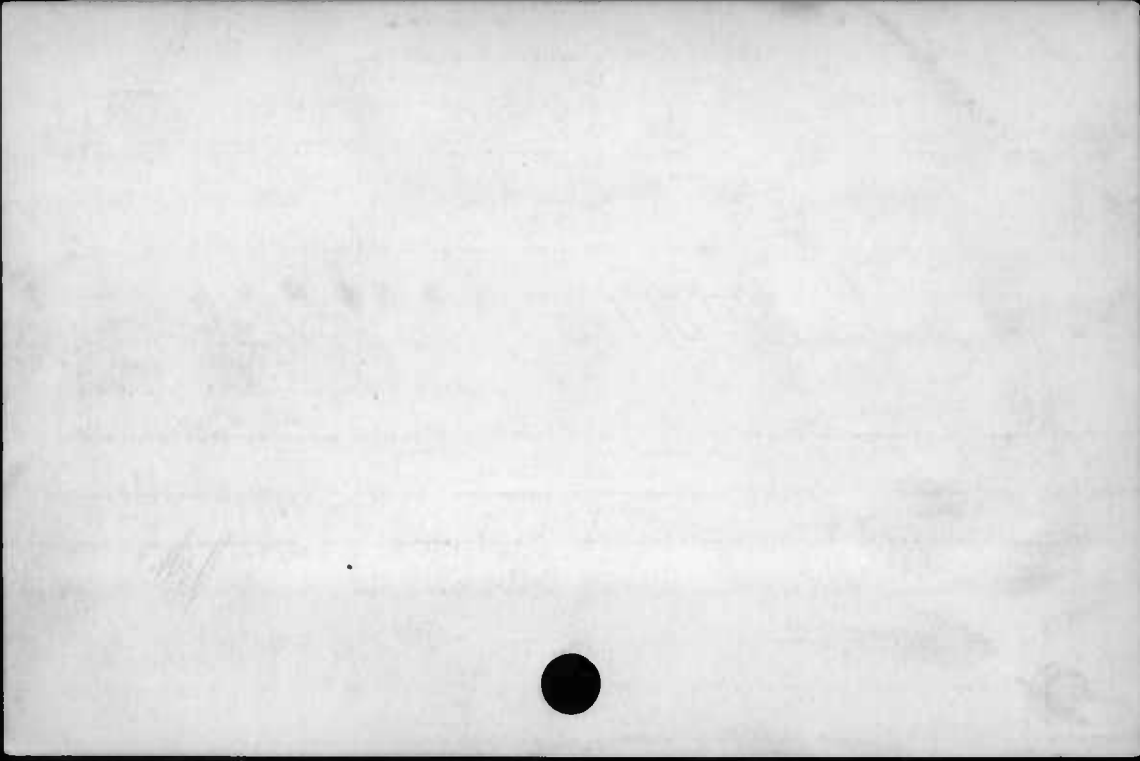
Immediate *Heart failure* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. K. Walsby*

Address *Piedmont W. Va.*

Accident or Suicide?



Name
in
Full

Child of - James A. Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Accompany</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>11</u>	Day <u>18</u>	Age <u>1</u>	Months <u>1</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth place <u>Cumberland</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>James A. Miles</u>		Father's Birthplace <u>Hagerstown</u>			
Mother's Maiden Name <u>Key Avers</u>		Mother's Birthplace <u>Keyser</u>			
Name of person giving information <u>James A. Miles</u>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Delivery</u>	How long <u>7 months past</u>
Immediate <u>unknown</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Cumberland Md</u>
Accident or Suicide?	

Dr. Drake

Name
in
Full

Mrs. Catherine Muller

CERTIFICATE OF DEATH

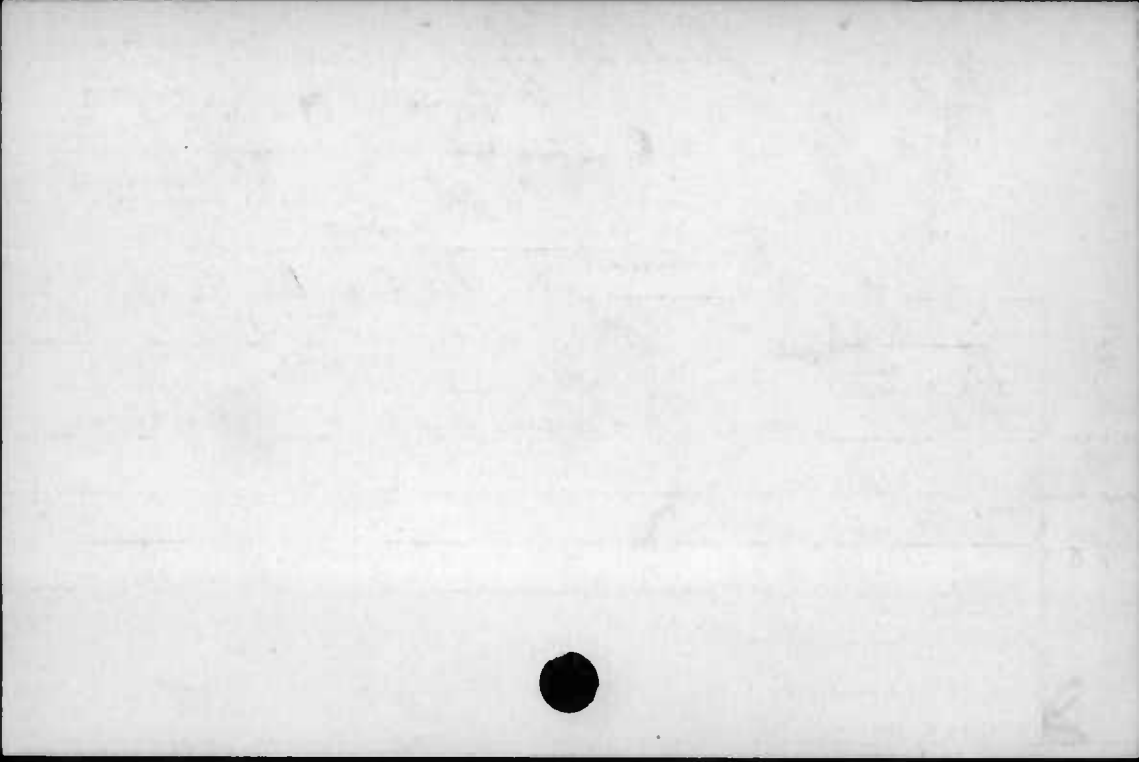
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pekin</u> ^{Town}		<u>Alleghany</u> ^{County}		MARYLAND	
Date of death	<u>1906</u> ^{Year}	<u>Nov</u> ^{Month}	<u>25</u> ^{Day}	Age <u>67</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ireland</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>John Muller (Recently deceased)</u>		
Father's Name	<u>John Horner</u>			Father's Birthplace	<u>Ireland</u>
Mother's Maiden Name	<u>—</u>			Mother's Birthplace	<u>" "</u>
Name of person giving information	<u>John Muller</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cirrhosis of Liver</u>	How long	<u>Six months</u>
Immediate	<u>Cerebral hemorrhage</u>	How long	<u>Some hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>W. B. Skilling M.D.</u>	
Address		<u>Lonscombing,</u>	
Accident or Suicide?		<u>No</u>	



Name

in
Full

Francis P. O'Connor

CERTIFICATE OF DEATH

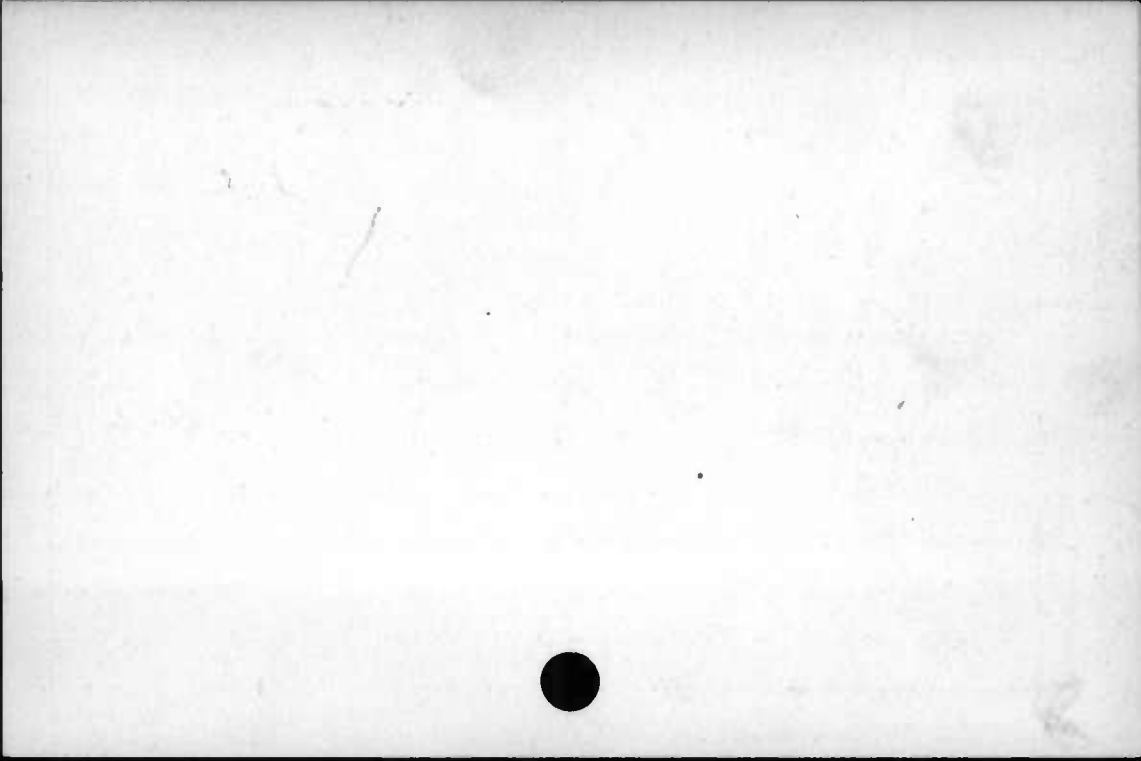
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int Savage</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Nov</i>	Day <i>18</i>	Age <i>40</i>	Months <i>9</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Int Savage Ind</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Machinist</i>				
Name of Wife or Husband					
Father's Name <i>Patrick O'Connor</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Jane Stephens</i>			Mother's Birthplace <i>New York</i>		
Name of person giving information <i>Chas Gallagher</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic hepatitis</i>	How long <i>18 mos</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Celane F. Neuman</i>
	Address <i>Int Savage Ind</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

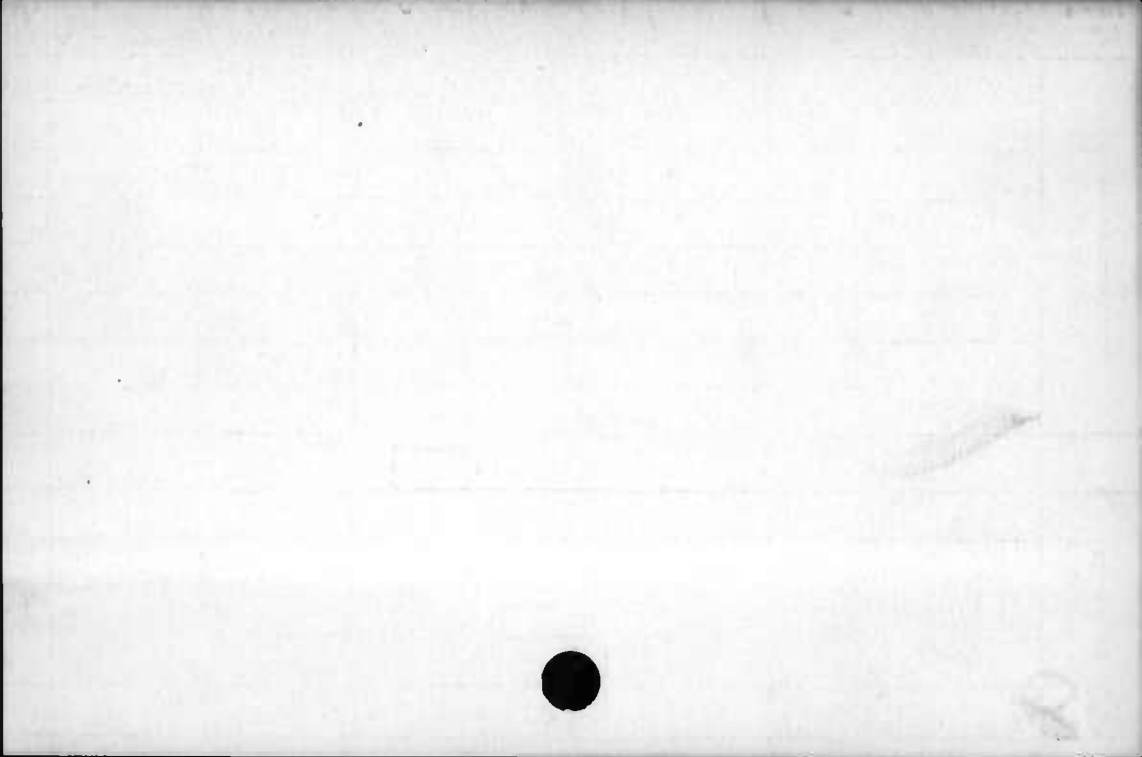
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Mary Pickens Peebles		Town		Lonaconing		County		Allegheny		State		MARYLAND	
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1906		Nov.		23		Age		34		8		19			
Sex		Female		Color or Race		White		Birth-place		Lonaconing					
Occupation		Invalid		Where Residing if not at place of death											
Married, Single or Widowed		Married		Name of Wife or Husband		Thomas Peebles									
Father's Name		John Pickens		Father's Birthplace		Scotland									
Mother's Maiden Name		Elizabeth Bell		Mother's Birthplace		"									
Name of person giving information		Mrs. Peebles		How related to deceased		brother-in-law									

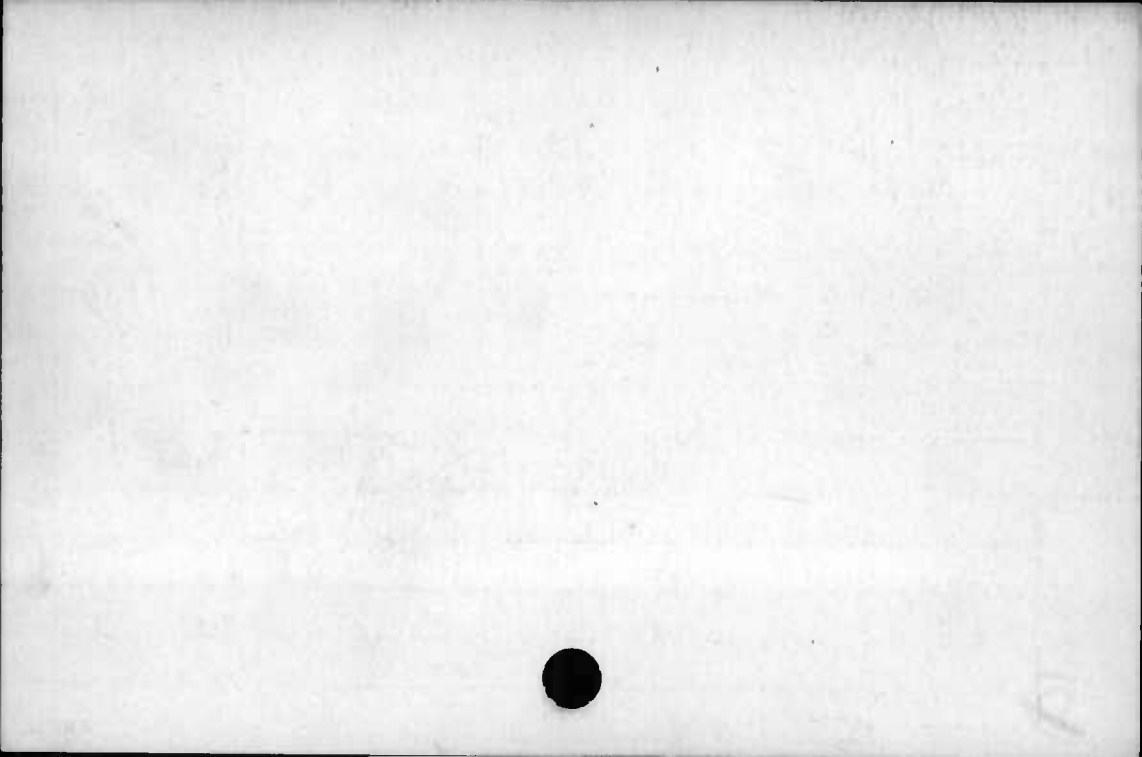
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Chronic Nephritis		How long		6 years	
Immediate		Asthma		How long		48 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Henry W. Hodgson	
				Address		Lonaconing, Ind	
Accident or Suicide?		No					



Name In Full		Minnie Matilda Peterman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cumberland</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND	
		Date of death <u>1906</u> <small>Month</small> <u>Nov</u> <small>Day</small> <u>19</u>		Age <u>53</u> <small>Years</small>		Months <u>10</u> Days <u>25</u>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Pa.</u>	
		Occupation <u>Housekeeper</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife ^{Husband} <u>Jno. William Peterman</u>			
		Father's Name <u>—</u>				Father's Birthplace <u>—</u>	
		Mother's Maiden Name <u>—</u>				Mother's Birthplace <u>—</u>	
		Name of person giving information <u>William Peterman</u>				How related to deceased <u>Son</u>	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Carcinoma</u>		How long <u>1 yr</u>			
		Immediate <u>Exhaustion & Hemorrhage</u>		How long <u>2 wks</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. L. Brainerd</u>			
				Address <u>Cumberland</u>			
		Accident or Suicide? <u>No</u>		<u>75 Va Ave</u> <u>Ad</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Borden Shopt.</i>		Town <i>Allegany</i>		County		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>Nov.</i>	Day <i>27</i>	Age	<i>61</i>	Years	Months <i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>England</i>		
Occupation	<i>Coal Miner</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Widower</i>			Name of Wife or Husband <i>—</i>			
Father's Name	<i>—</i>			Father's Birthplace <i>England</i>			
Mother's Maiden Name	<i>—</i>			Mother's Birthplace <i>—</i>			
Name of person giving information	<i>John Philpot</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Died suddenly</i>	How long	<i>Instantly</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. C. Coker</i>
	<i>no</i>	Address	<i>Firthburg Ind.</i>
Accident or Suicide?	<i>no</i>		

to Mr

Perry Granger

Name
in
Full

CERTIFICATE OF DEATH

Sarah Porter

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cockhart</i> <small>Town</small>		<i>Alley</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>21</i>	Age <i>48</i>	Months <i>11</i>	Days <i>—</i>
Sex <i>F</i>	Color or Race <i>W</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm Porter</i>			
Father's Name <i>Henry Matthews</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Sarah Burkhardt</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Son Porter</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Saw patient few minutes before death for first time, & believe her to have had pneumonia</i>	How long <i>About a week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. G. G. G.</i>
	Address <i>Traveling</i>
Accident or Suicide?	

Eckhart Linn

7700

Name

In
Full

Frank Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Frostburg

Town

Allegheny

County

MARYLAND

Date

of death 1906

Month

11

Day

23

Age

Years

18

Months

11

Days

Sex

Male

Color or
Race

White

Birth-
place

Frostburg Md.

Occupation

Miner

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name

Hannah Preston

Mother's
Birthplace

Frostburg Md.

Name of person giving
information

George Shriver

How related
to deceased

Nephew.

CAUSES OF DEATH

Primary

Injury or burns in mine tunnel.

How long

How long

Immediate

Shovel

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. C. Carey M.D.
Frostburg
Md.

Accident or Suicide?

No.

Alley, Fred.
770

Name
in
Full

CERTIFICATE OF DEATH

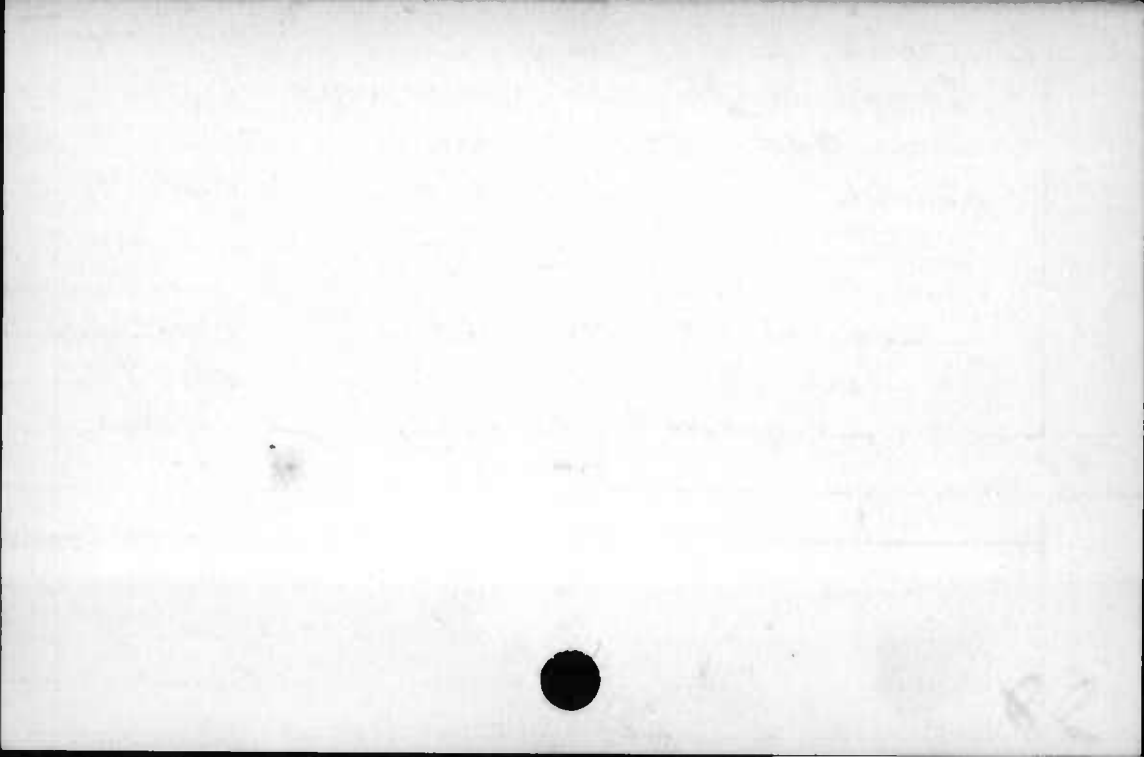
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cummd.</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death	1906	Month	Nov	Day	28
Age	1	Years		Months	4
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Michael Reissig	Father's Birthplace	Germany		
Mother's Maiden Name	Mary Hemstetter	Mother's Birthplace	Ind		
Name of person giving information	Michael Reissig	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	9 days
Immediate	Exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. S. Duse
		Address	Cumbersland
Accident or Suicide?	LOUIS STEIN.		Dr. Franklin



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName in Full *Carl H. Rowley*Died at *Maple Side* TownCounty *Accrigan*

MARYLAND

Date of death *1906*Month *Nov*Day *5*Age *6* YearsMonths *7*

Days

Sex *Male*Color or Race *White*Birthplace *Maple Side*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *James R Rowley*Father's Birthplace *Maple Side*Mother's Maiden Name *Issa Mitchell*Mother's Birthplace *W. Va*Name of person giving information *James R Rowley*How related to deceased *Father*

CAUSES OF DEATH

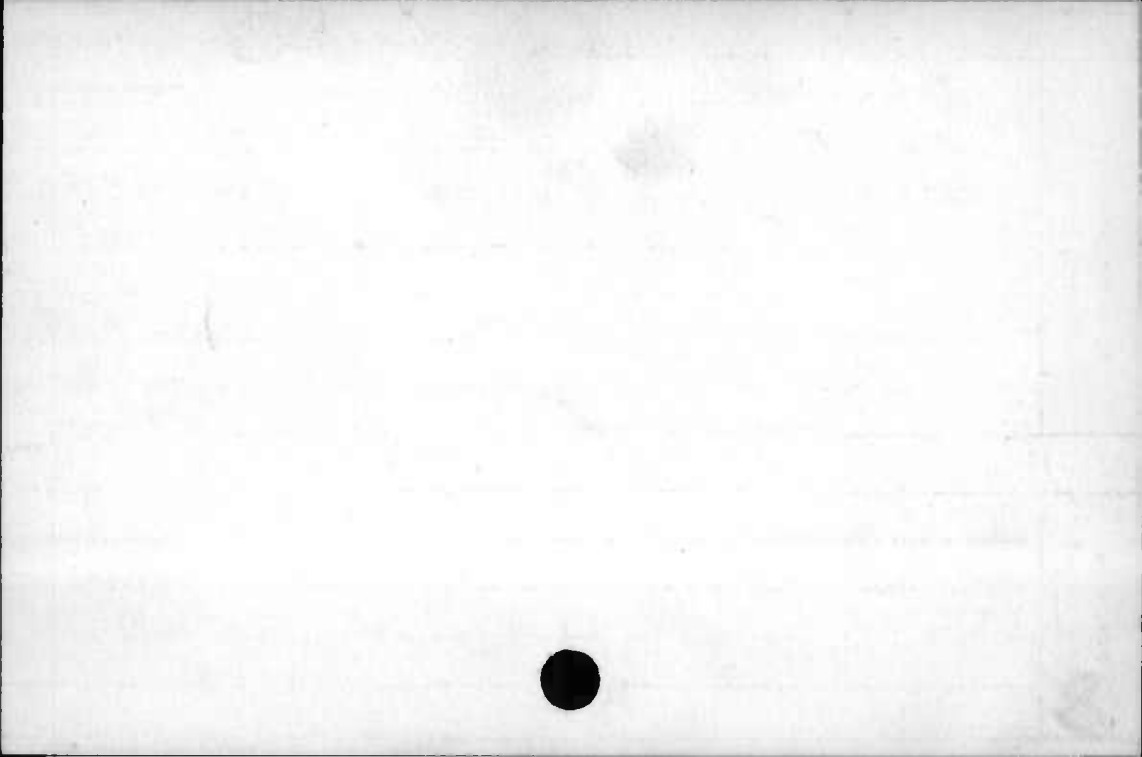
Primary *Diphtheria*How long *9*Immediate *Pneumonia*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *Dr. A. Leo Franklin*Address *Cambridge*

LOUIS STEIN.

Accident or Suicide?



Name
In
Full

Howard Cortlandt. Shaffer

CERTIFICATE OF DEATH

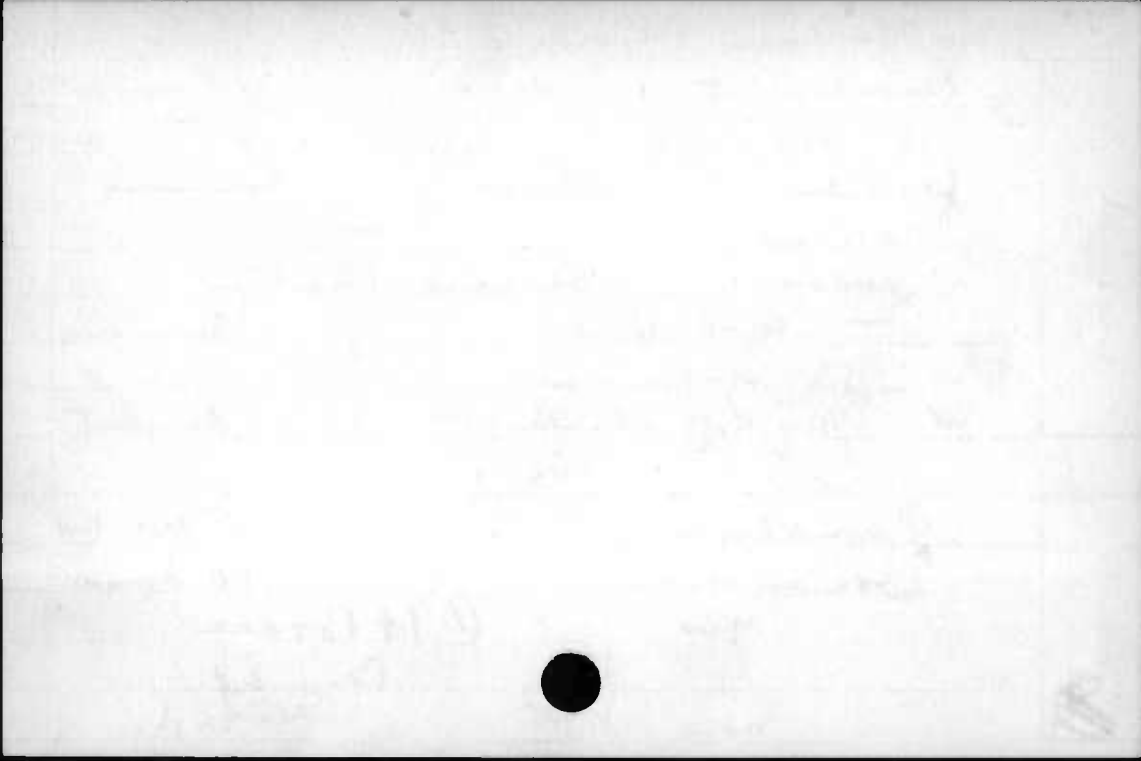
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt. d.</i>		Town <i>Cumt. d.</i>		County <i>Cumt. d.</i>		MARYLAND	
Date of death	1906	Month	<i>Nov</i>	Day	1	Age	Years <i>—</i>
						Months	7
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place		<i>Cumt. d.</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Ross Shaffer</i>				Father's Birthplace <i>Hyndman Pa</i>			
Mother's Maiden Name <i>Lillia A Trigg</i>				Mother's Birthplace <i>Cumt. d.</i>			
Name of person giving information <i>Ross Shaffer</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	(93)	How long	<i>4 ds.</i>
Immediate	<i>Asthma</i>		How long	<i>4 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. E. H. White,</i>		
LOUIS STEIN,		Address <i>Cumt. d. Md.</i>		
Accident or Suicide?				



Name
in
Full

Mrs Barbara Shertzer

CERTIFICATE OF DEATH

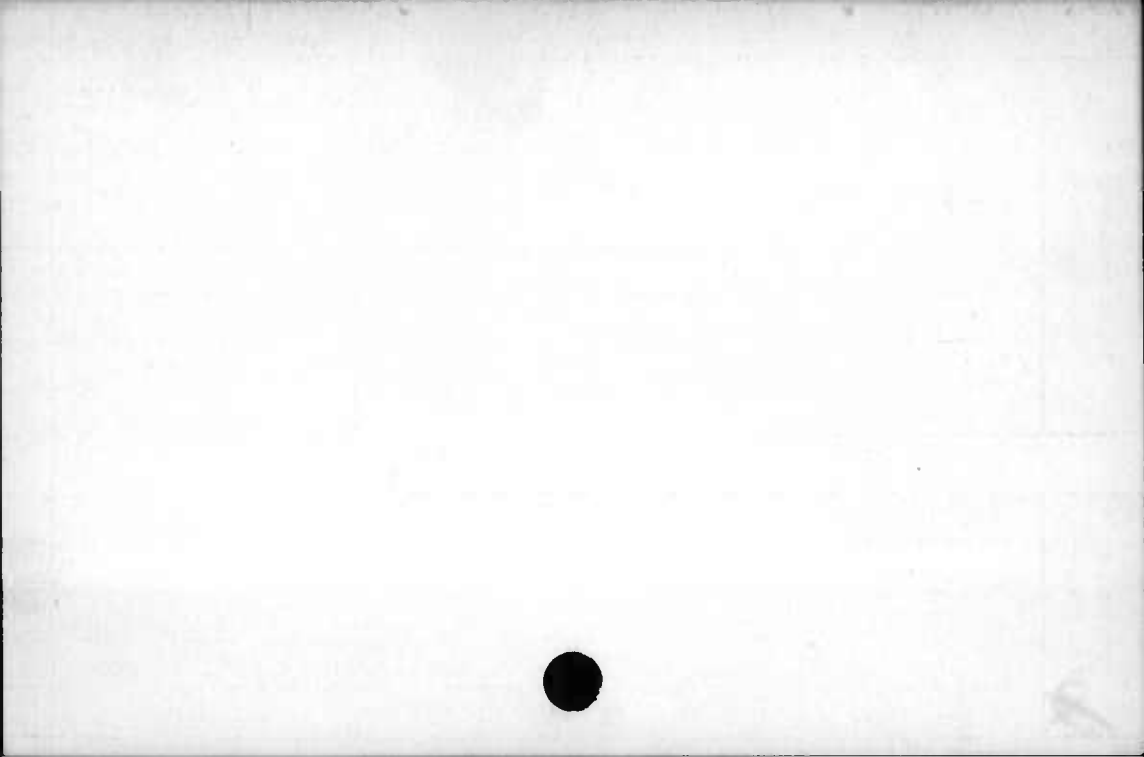
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		Towm		aalen.		County		MARYLAND	
Date of death		1906		Month		Nov		Day		1	
Age		76		Years		—		Months		Days	
Sex		female		Color or Race		white		Birth-place		Germany	
Occupation		retired		Where Residing if not at place of death		—					
Married, Single or Widowed		widow		Name of Wife or Husband		Leonard Shertzer					
Father's Name		— Rohrbach		Father's Birthplace		Germany					
Mother's Maiden Name		unknown		Mother's Birthplace		"					
Name of person giving information		Mrs A H Shinkhet		How related to deceased		daughter					

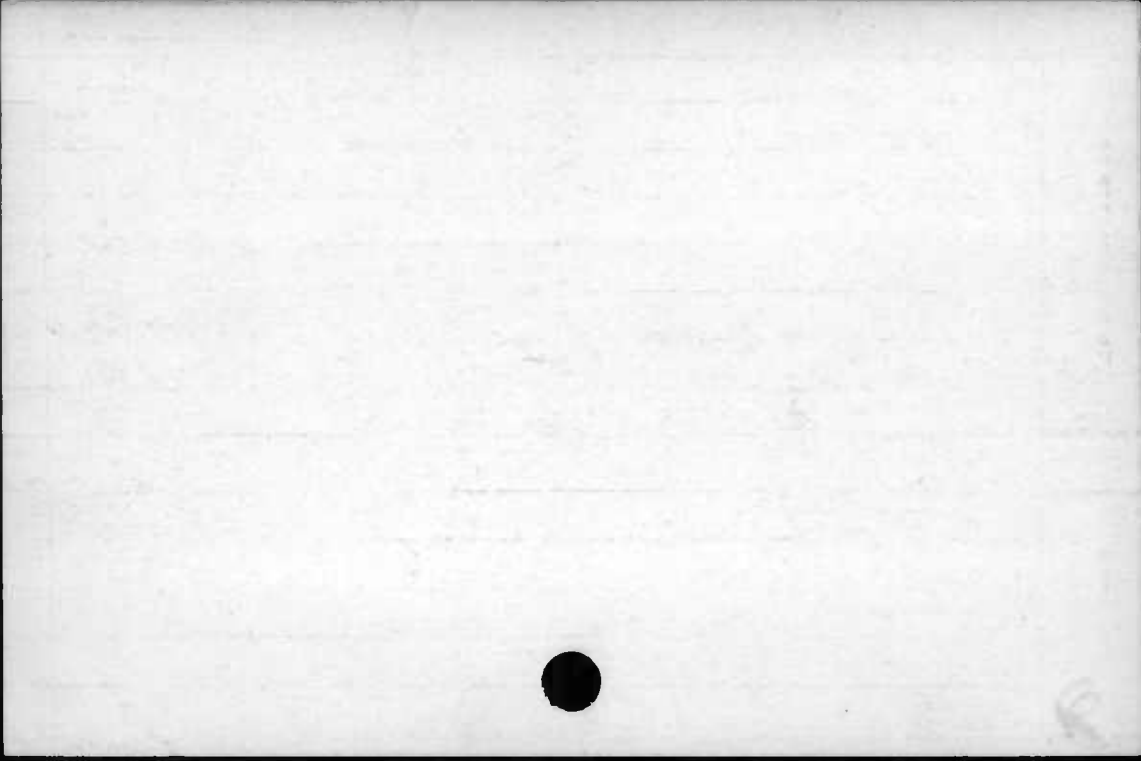
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Paralysis		How long		5 weeks	
Immediate		Exhaustion		How long		10 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E H Brace	
				Address		Cumberland	
Accident or Suicide?		no				md.	



Name in Full		Charlotte D. Sigler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Moscow (Laurel Run)	County Allegheny		MARYLAND	
	Date of death	1906	Month Nov	Day 6	Years 3	Months 3	Days 26
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Charles A Sigler				Father's Birthplace	Westminster
PHYSICIAN OR CORONER	Mother's Maiden Name	Edith May Polans				Mother's Birthplace	Barton
	Name of person giving information	Charles A Sigler				How related to deceased	Father
	CAUSES OF DEATH						
	Primary	Diphtheria				How long	9 days
PHYSICIAN OR CORONER	Immediate	Heart failure - sudden				How long	few minutes -
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Lonaconing		
Accident or Suicide?		no		Maryland -			



Name
in
Full

CERTIFICATE OF DEATH

Mary M. Sipler

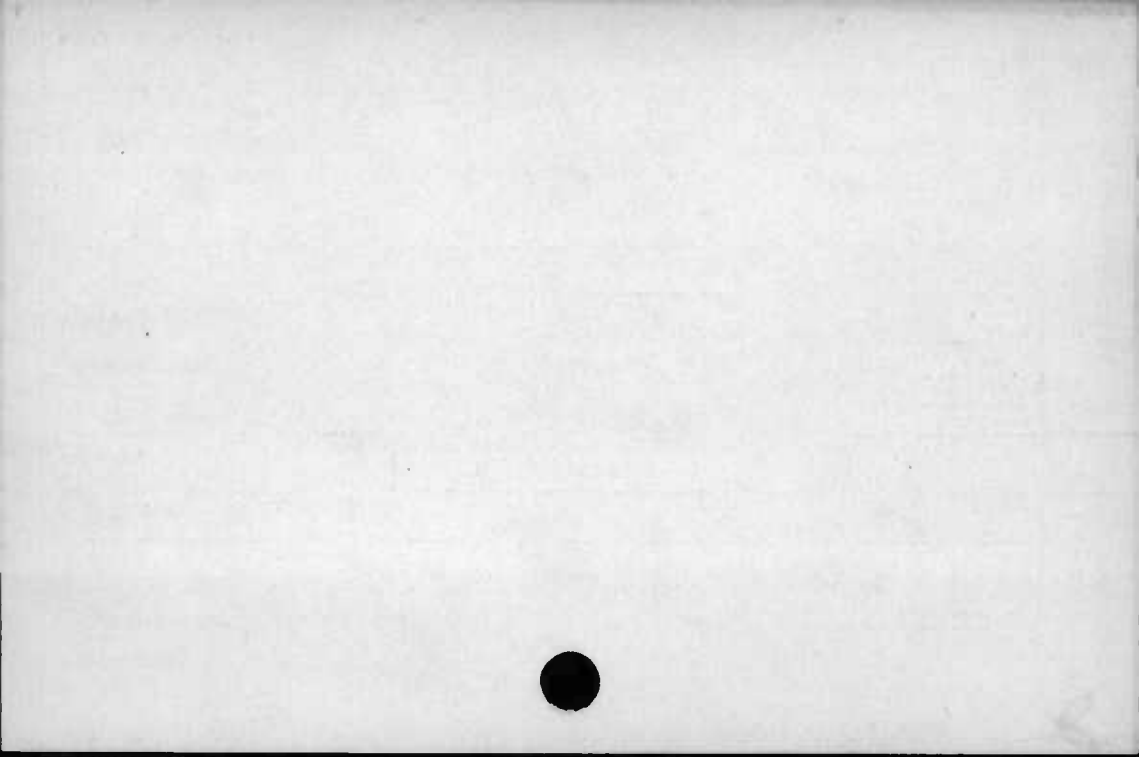
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Moscow</i> <small>Town</small>		<i>(Laurel Run)</i> <small>County</small>		<i>Allegany</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Nov.</i>	Day	<i>6</i>	Years	<i>7</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>9</i>
Occupation	<i>School</i>			Where Residing if not at place of death			<i>12</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Charles A. Sipler</i>					Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Edith May Toland</i>					Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Charles A. Sipler</i>					How related to deceased	<i>Father</i>

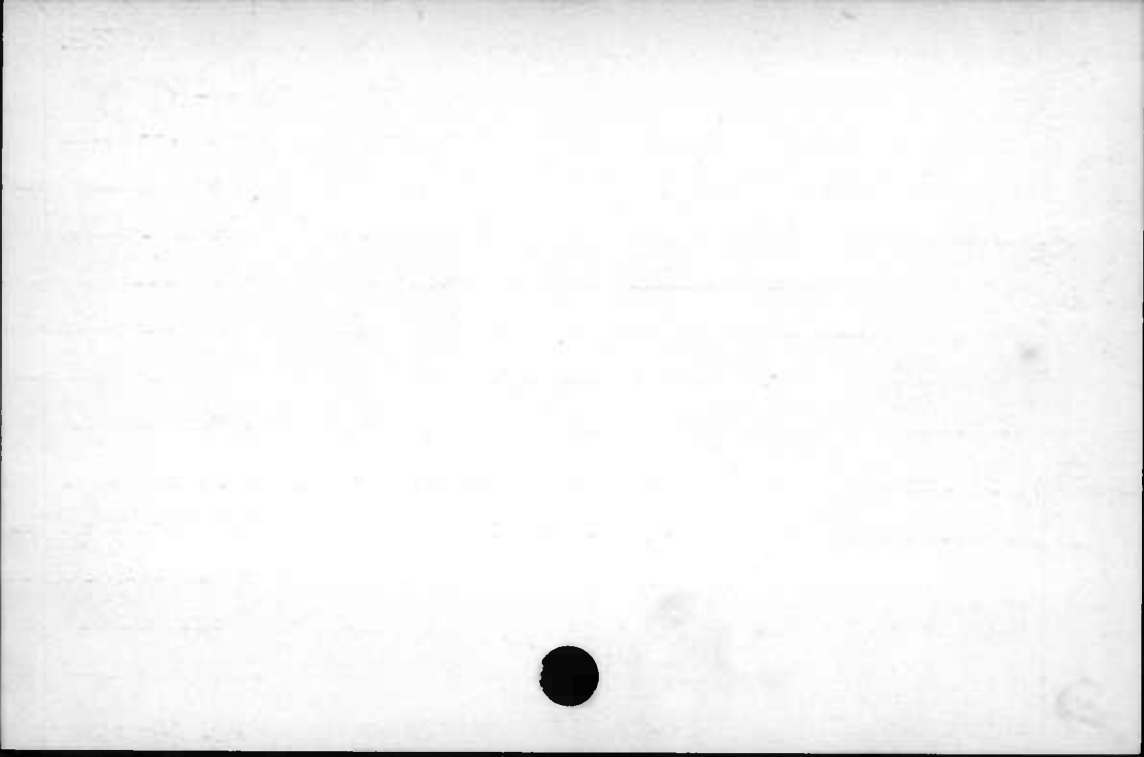
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>9</i>	<i>5 days</i>
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>James O. Bullock M.D.</i>		
		Address		
		<i>Somerset Maryland</i>		
Accident or Suicide?				
<i>no</i>				



Name in Full		Alice May Spiker				CERTIFICATE OF DEATH	
Died at		Lond Town		allegheny County		MARYLAND	
Date of death		1906	Month	Nov	Day	25	Age
						Years	Months
						Days	24
Sex		Female		Color or Race		White	
Occupation				Birth-place		Lond	
Where Residing If not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Joseph C. Spiker				Father's Birthplace	
Mother's Maiden Name		Alice V. Moore				Mother's Birthplace	
Name of person giving information		Mrs Spiker				How related to deceased	
						Mother	
CAUSES OF DEATH							
Primary		Capillary Bronchitis				How long	
						2 weeks	
Immediate		Meningitis Cerebral				How long	
						6 days	
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician	
						James C. Bullock	
						Address	
						Lonaconing Maryland	
Accident or Suicide?		No					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mr Geo Stevens*

Town *Frostburg* County *Allegany* MARYLAND

Died at *Frostburg*

Date of death 190*6* Month *11* Day *25* Age *81* Years *02* Months *06* Days

Sex *M.* Color or Race *W.* Birth-place *England*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *Eliza Stevens*

Father's Name *Dont Know* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Ruth Rankin* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bronchosthea* *91* How long *2 wks*

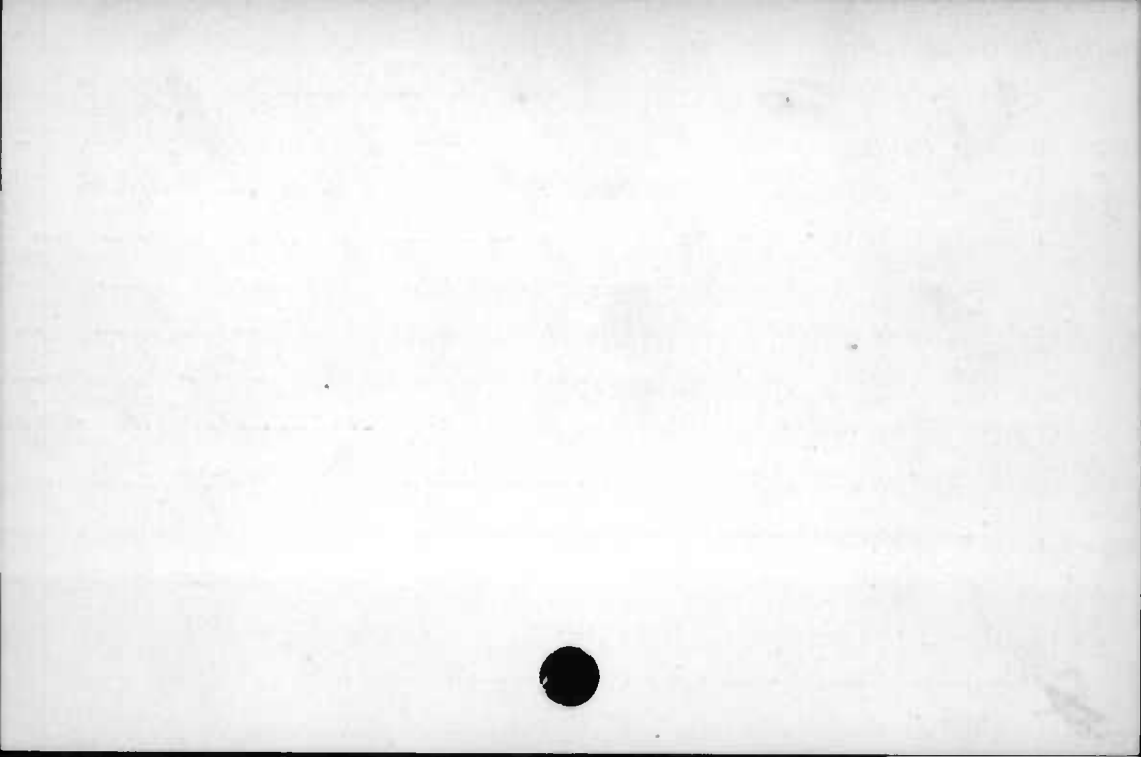
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *—*

Signature of Physician *Dr W M Lane*

Address *Frostburg Md*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

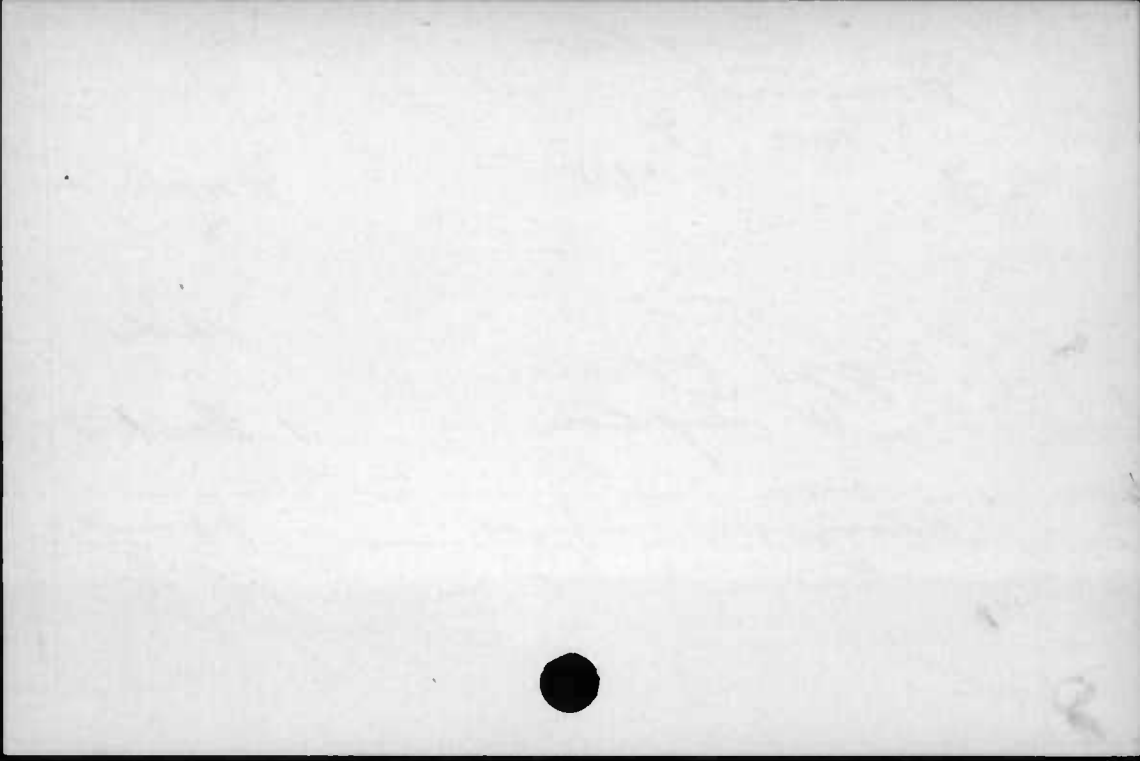
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lonaconing</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>Nov</i> Day <i>16</i>		Age <i>—</i> Years		Months <i>8</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Stevenson</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Emma Allen</i>		Mother's Birthplace <i>Lonaconing</i>			
Name of person giving information <i>Frank Stevenson</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

Primary	<i>Membranous Croup</i>	How long	<i>Three days</i>
Immediate	<i>Asphyxia</i>	How long	<i>Some hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. B. Skilling</i>	
<i>yes</i>		Address <i>Lonaconing</i>	
Accident or Suicide? <i>no</i>			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town} <i>Alleg</i> ^{County}		MARYLAND	
Date of death 1906	Month <i>Nov</i>	Day <i>18</i>	Age <i>18</i> Years Months Days
Sex <i>M</i>	Color or Race <i>W</i>	Birth-place <i>Frederick</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Wm Taylor</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Lizzie Phillips</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Wm Taylor</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i> 4	How long <i>4 weeks</i>
Immediate <i>Fatigue - Convulsions</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Frederick</i>
Accident or Suicide? <i>—</i>	

77 Co
Alley

Name
in
Full

CERTIFICATE OF DEATH

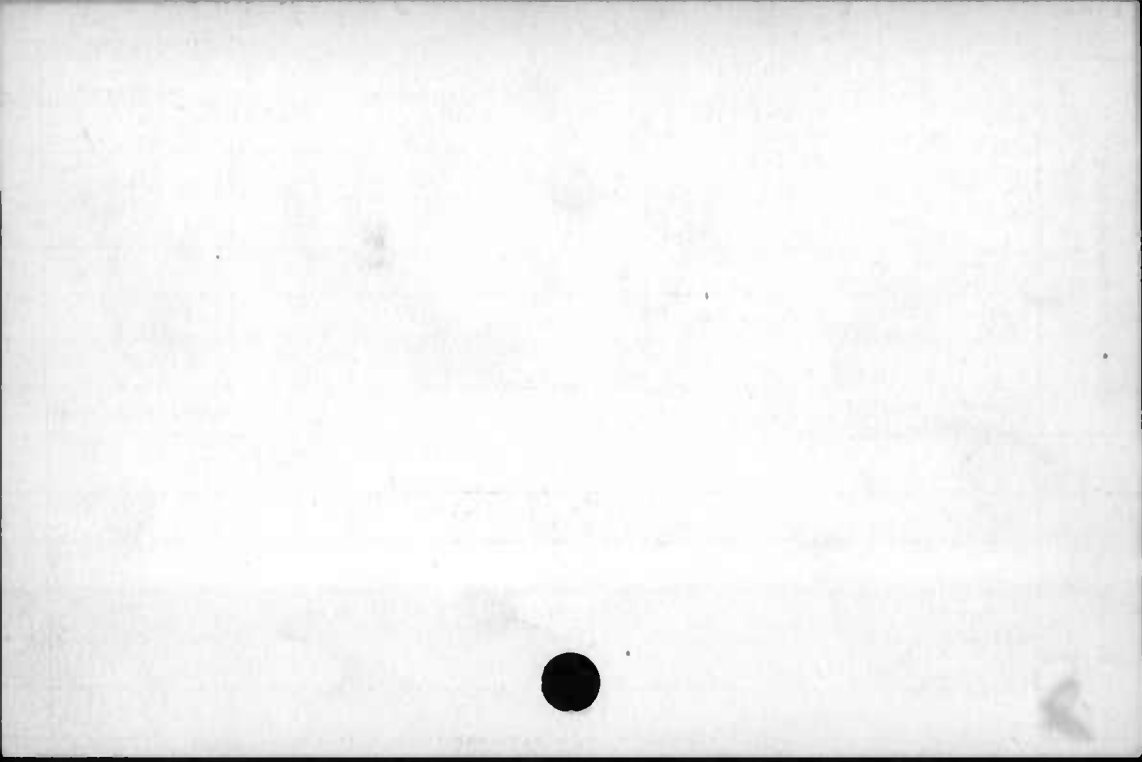
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Terner</i>		Town <i>Sonoma</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at <i>Sonoma</i>		Month <i>Nov</i>		Day <i>22</i>		Age <i>84</i>	
Date of death <i>1906 Nov 22</i>		Years <i>84</i>		Months <i>4</i>		Days <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>England</i>			
Occupation <i>Tailor</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband _____					
Father's Name <i>James Terner</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Elizabeth Scott</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Wm. Terner</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fracture of Femur</i>	How long <i>4 weeks</i>
Immediate <i>asthma</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry M. Hodges</i>
	Address <i>Sonoma, Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Frostburg^{County} Alley anyDate
of death 1906Month
11Day
26Age
Years

Months

Days
1Sex maleColor or
RacewhiteBirth-
placeFrostburgOccupation
—Where Residing if not
at place of death
—Married, Single
or WidowedS -Name of Wife or
HusbandFather's
NameChas M. ThomasFather's
BirthplaceIndMother's
Maiden NameWes ThomasMother's
BirthplaceIndName of person giving
In formationMy MyersHow related
to deceasedwidow

CAUSES OF DEATH

Primary

Prolonged birth

How long

2 days

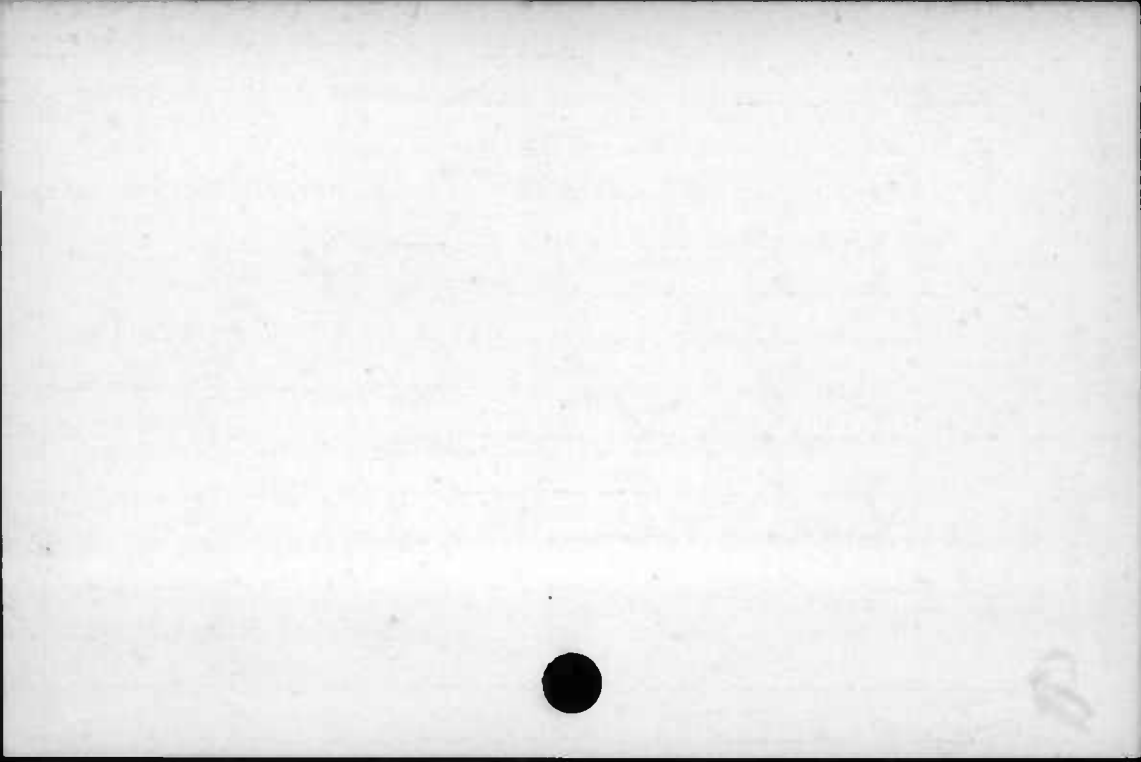
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Green Tree

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

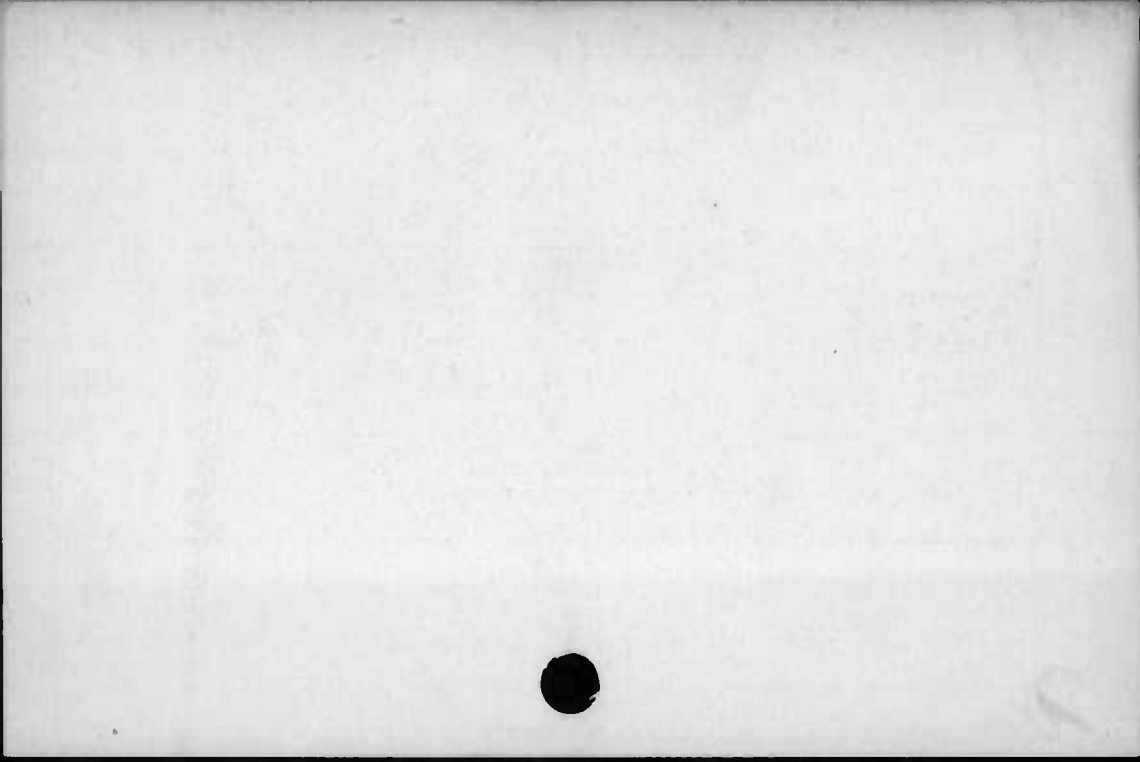
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Johns Whel</u> <u>Mt. Savage</u> Town <u>Allegheny</u> County		MARYLAND			
Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>5</u>	Age <u>66</u>	Months <u>8</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Stoyestown, Pa</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George A. Whel</u>				
Father's Name <u>J M Wilson</u>	Father's Birthplace <u>Stoyestown, Pa</u>				
Mother's Maiden Name <u>Alice Spangler</u>	Mother's Birthplace <u>Stoyestown, Pa</u>				
Name of person giving information <u>Geo. A. Whel</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Right Hemiplegia</u>	How long <u>1 day</u>
Immediate <u>Cordial Syncope</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edward Quares</u>
	Address <u>Mt. Savage, Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Miss Clara Wasmuth

CERTIFICATE OF DEATH

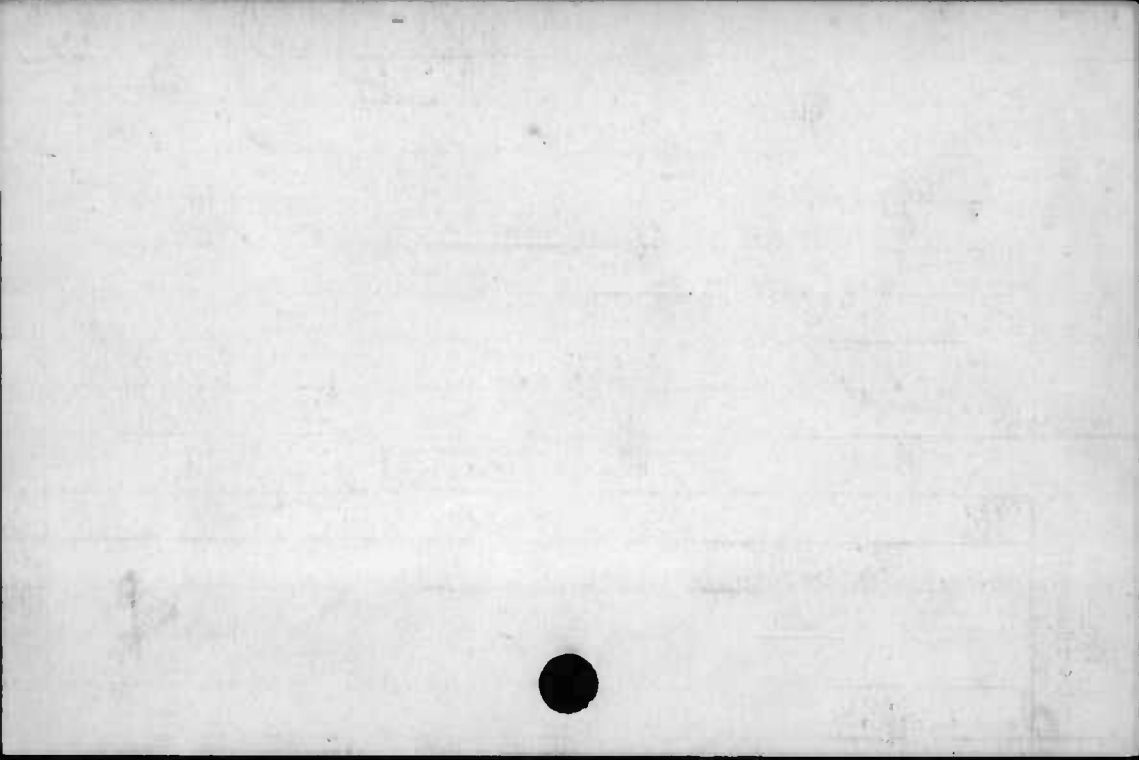
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Freetburg		Allegany		County		MARYLAND	
Date of death	1906	Month	11 -	Day	10	Age	40	Years	Months
Sex	Female		Color or Race	White		Birthplace			
Occupation	House-work		Where Residing if not at place of death						
Married, Single or Widowed	Single		Name of Wife or Husband						
Father's Name	E. Hart Wasmuth		Father's Birthplace						
Mother's Maiden Name			Mother's Birthplace						
Name of person giving information			How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever & Bright's		How long	about 3 months
Immediate	Uremia & Cardiac Exhaustion		How long	much
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. C. Colby
			Address	Freetburg, Md.
Accident or Suicide?	No			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Is M

allighan County -

Viola Whitstone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Frederick* Town *Alley* County
Date of death *1906* Month *Nov* Day *17* Age *—* Years *—* Months *2* Days *—*
Sex *F* Color or Race *W* Birth-place *Frederick*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *Joe Whitstone* Father's Birthplace *Ind*
Mother's Maiden Name *Katie House* Mother's Birthplace *10-10-18*
Name of person giving information *Joe Whitstone* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Inf - Pneumonia* *(90)* How long *4 days*
Immediate *u* How long *4*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Thrift*
Address *Frederick*
Accident or Suicide? *—*

Gm

M Lusk

Cum gratia

Name
in
Full

CERTIFICATE OF DEATH

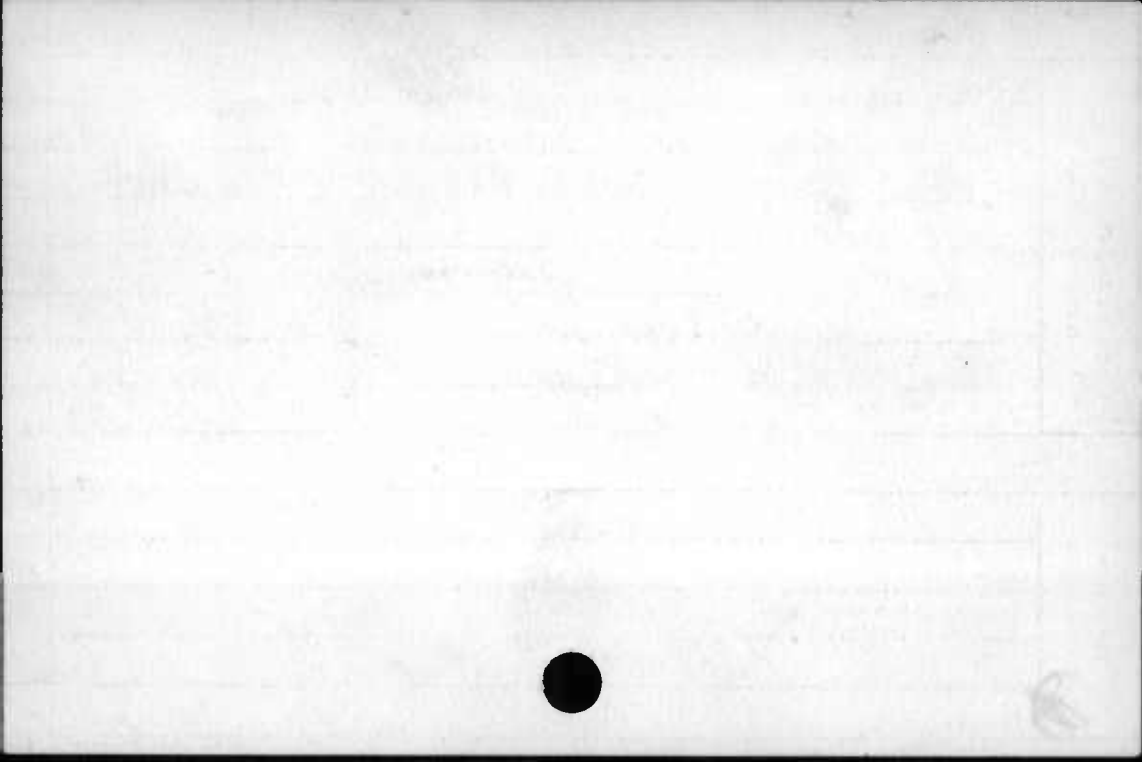
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary A. Wickard</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Month <i>Nov</i>		Day <i>19</i>		Age <i>52</i>	
Date of death <i>1906</i>		Years <i>3</i>		Months <i>26</i>		Days <i>26</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Cumt'd</i>			
Occupation <i>Wife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thompson</i>					
Father's Name <i>_____</i>				Father's Birthplace			
Mother's Maiden Name <i>_____</i>				Mother's Birthplace			
Name of person giving Information <i>W. A. Straub</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>(66)</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>_____</i>
<i>LOUIS STEIN</i>	Address <i>1111 N. 1st St.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cumm

Town

County

Alle

MARYLAND

Date

of death 1906

Month

Nov

Day

21

Age

Years

Months

Days

3

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Guy Wilkinson

Father's
Birthplace

Md

Mother's
Maiden Name

Cora Pitzer

Mother's
Birthplace

Md

Name of person giving
in formation

Guy Wilkinson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Convulsions

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. J. J. Wilson

Chimberland

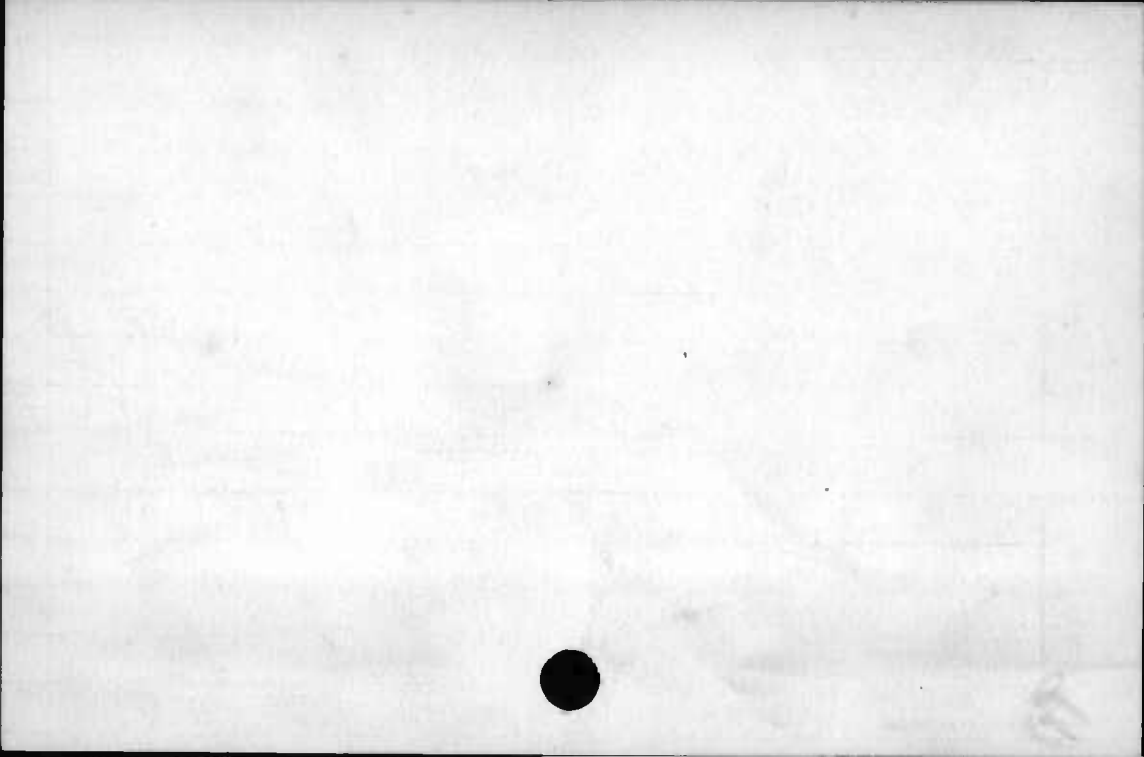
Wilson

Maryland

LOUIS STEIN.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Thomas G. P. Williams

CERTIFICATE OF DEATH

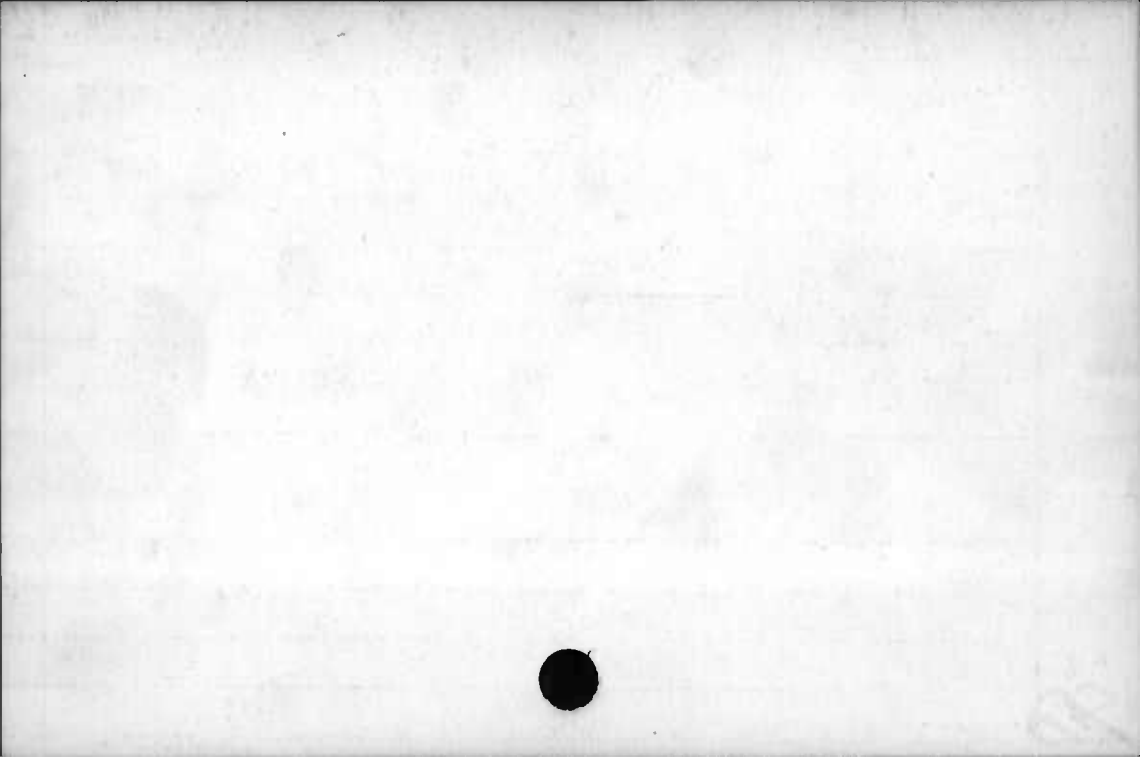
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Cumberland</i>		^{County} <i>Alleghany</i>		MARYLAND	
Date of death	1906	Month	<i>Nov</i>	Day	<i>15</i>
Age		Years		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Zonaconing Md</i>	
Occupation <i>RR. Clerk.</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Henry O. Williams</i>		Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Jane Phillips</i>		Mother's Birthplace <i>Dorchester Md</i>			
Name of person giving information <i>Webster Williams</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic otitis media</i>	How long	<i>Since childhood</i>
Immediate	<i>abscess of brain</i>	How long	<i>one week</i>
Are the name, age, sex, color, date, and place correctly given above? <i>yes</i>		Signature of Physician <i>Ed. Duke M.D.</i>	
LOUIS STEIN.		Address <i>Cumberland Md</i>	
Accident or Suicide? <i>-</i>			



Name
in
Full

Arbiter G. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		1906	Month Nov	Day 21st	Age Years	Months 4	Days 16
Sex Female		Color or Race white		Birthplace Cumberland Ind			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Melton Wilson				Father's Birthplace Ind.			
Mother's Maiden Name Annie Twigg				Mother's Birthplace Ind.			
Name of person giving information Mrs Annie Wilson				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Indigestion		How long 2 hrs	
Immediate Exhaustion		How long few minutes	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician F. L. Owens M.D.	
		Address Cumberland Ind.	
Accident or Suicide?			



Name
in
Full

Alexander Woods.

CERTIFICATE OF DEATH

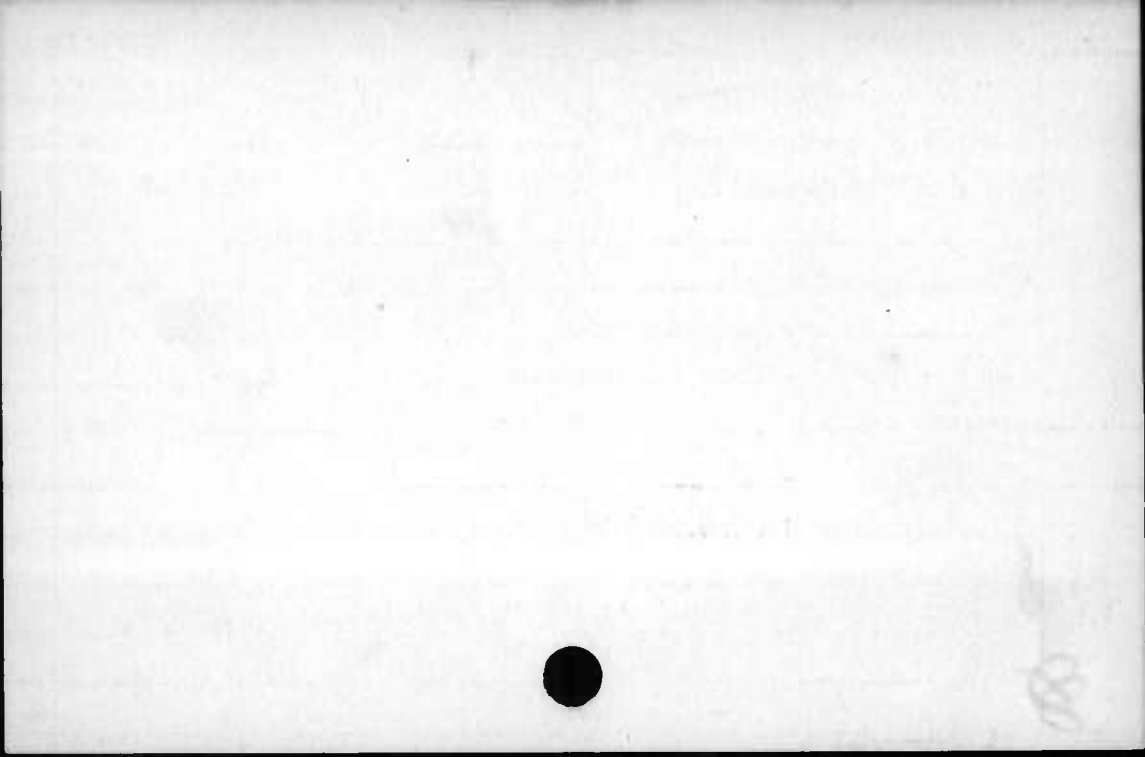
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lonaconing		County Allegheny		MARYLAND		
Date of death		1906	Month Nov.	Day 19th	Age	Years	Months 7	Days 7
Sex Male		Color or Race White		Birth- place Lonaconing				
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name Alexander Woods				Father's Birthplace Lonaconing				
Mother's Maiden Name Delaine Ricker				Mother's Birthplace Id				
Name of person giving In formation Mrs. Ricker				How related to deceased Sister-mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Died Suddenly, not seen		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Henry H. Holger
			Address Lonaconing, Md.
Accident or Suicide?		No	



Name

in
Full

CERTIFICATE OF DEATH

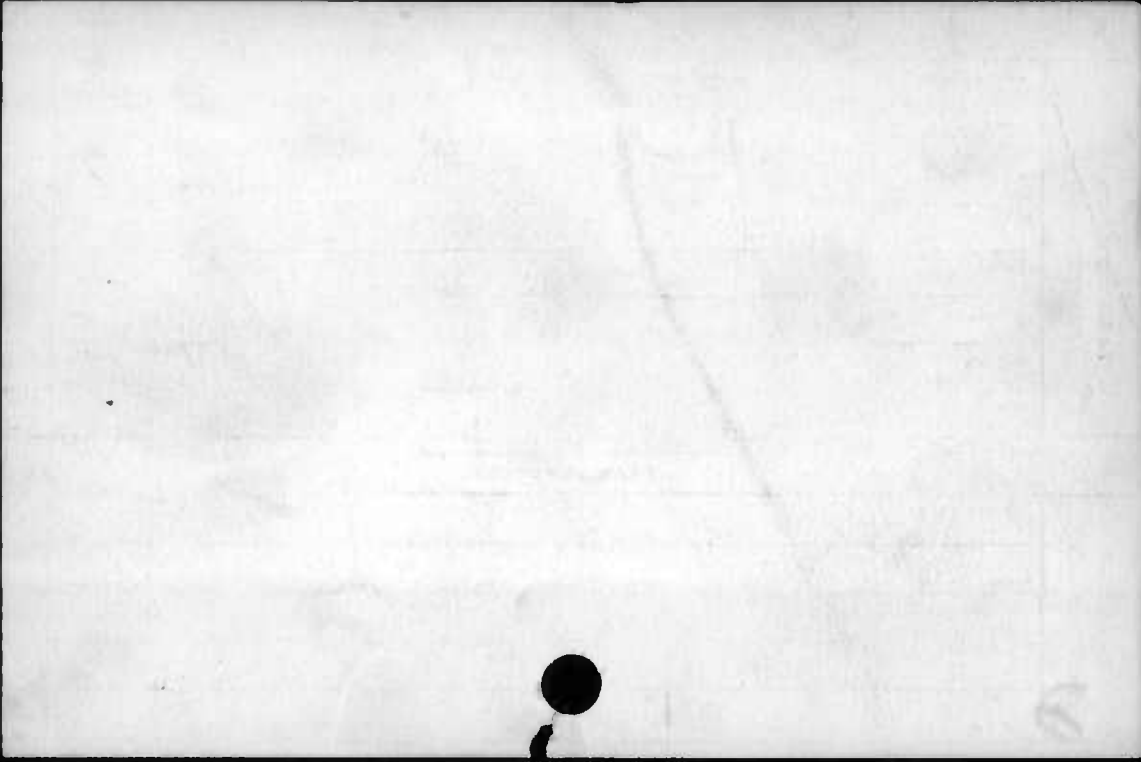
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Wright</i>		Town <i>Carnota</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Carnota</i>		Month <i>Nov</i>		Day <i>28</i>		Years <i>62</i>	
Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>28</i>		Years <i>62</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>West Va</i>		Months <i>2</i>	
Occupation <i>Engineer</i>		Where Resided at place of birth <i>not</i>		Days <i>27</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Racheal</i>		Father's Birthplace <i>Dead</i>		Mother's Birthplace <i>Dead</i>	
Father's Name <i>Dead</i>		Mother's Maiden Name <i>Dead</i>		Name of person giving information <i>Bernara Wright</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abscess of Lung</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>J. D. Lockman</i>
<i>LOUIS STEIN</i>	Address <i>Stogden</i>
Accident or Suicide?	



Name
in
Full

Martin Wright

CERTIFICATE OF DEATH

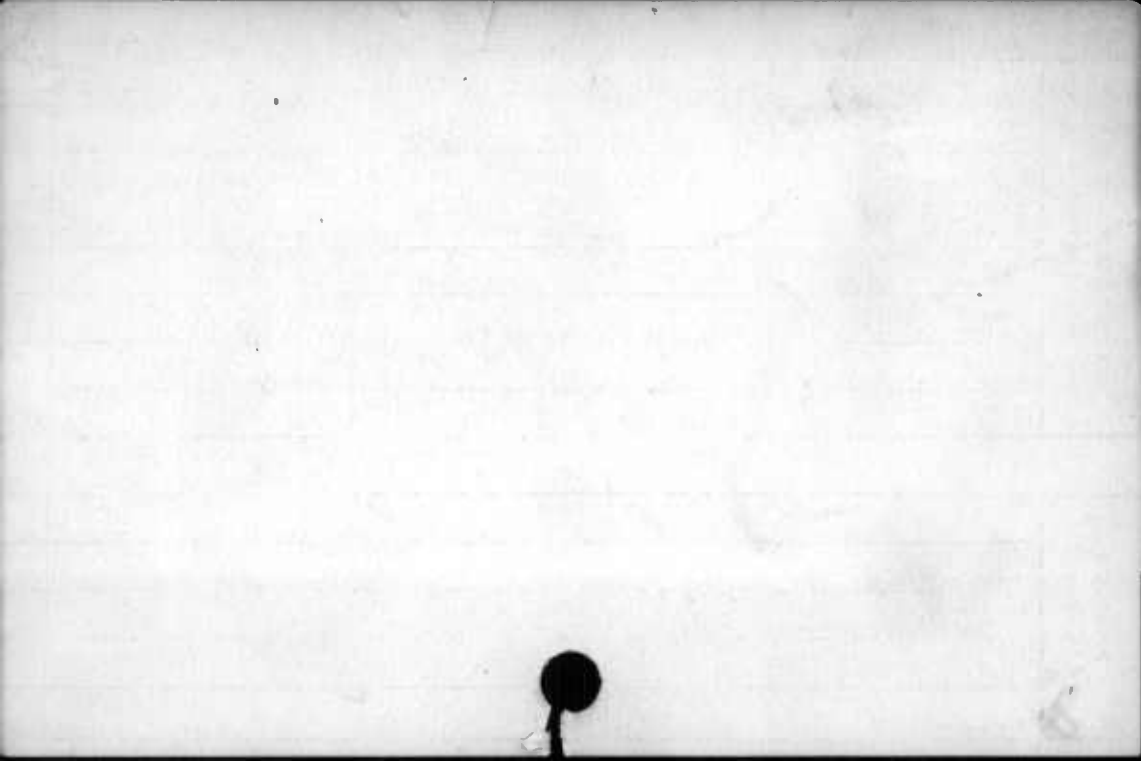
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alms House</i>		Town <i>Baltimore</i>	County <i>Allegheny</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>28</i>	Age <i>59</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>W. Va</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Independent St City</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lama</i>					
Father's Name <i>Dead</i>				Father's Birthplace		
Mother's Maiden Name <i>Dead</i>				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>66</i>	How long <i>6 yrs</i>
Immediate <i>"</i>	How long <i>Instantly</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. H. Vazquez</i>	
<i>LOUIS STEIN</i>	Address <i>W. Va</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Allegeny		MARYLAND		
Date of death		1906	Month 11	Day 17	Age 38	Years 8	Months 8	Days
Sex Female		Color or Race White		Birth- place Allegeny, Md.				
Occupation Housewife		Where Residing if not at place of death						
Married, Single or Widowed Married		Name of Wife or Husband Michael Genschaw						
Father's Name Frances Dean		Father's Birthplace Ireland						
Mother's Maiden Name Melinda Dean		Mother's Birthplace Maryland						
Name of person giving In formation James Dean		How related to deceased Brother						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Puerperal Septicemia	How long 4 months & 11 days
Immediate	Exhaustion from abscesses	How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		J. C. Coker
Address		Frostburg, Md.
Accident or Suicide?		No

2

25 May

Adelphi County -